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TRIBAL BUDGET FORMULATION

AND POLICY CONSULTATION SESSION

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NATIONAL HHS TRIBAL BUDGET FORMULATION

AND CONSULTATION SESSION

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MR. KEEL: Good morning. If there are any tribal leaders in the room, would you mind coming to the table and we'll make sure that we acknowledge all the tribal leaders before we get started. Well once again, good morning and welcome back to our consultation session.

My name is Jefferson Keel. I'm the First Vice-President of the National Congress of American Indians and I'm honored to serve as somewhat of a facilitator or referee, umpire, timekeeper, whatever you want to call it. But I appreciate the tribal leaders and other folks coming to this meeting with an open mind. This morning we have some things to do before we move to our breakout sessions.

And I want to, before we get started, to go around the room and acknowledge all the tribal leaders who are here. So we'll start with Linda and go around and introduce ourselves.

MS. HOLT: Good morning, I'm Linda Holt. I'm a Tribal Council Member with the Suquamish Tribe in Washington State.

MR. ALBERT: Good morning everyone. I'm Carlton Albert, Sr., Tribal Council Member with the Pueblo of Zuni.

MS. ALLISON-RAY: Good morning, my name is Jennifer

Allison-Ray, I'm the Lieutenant Governor for the Gila River Indian Community in the southern part of Arizona.

MR. JOSEPH: Good morning, my Indian name is Badger, my English name is Andrew Joseph, Jr., and I Chair the Health and Human Services Committee for the Colville Tribal Business Council. And I'm Vice-Chair for the Colville Indian Health Board.

MR. JONES: Good morning. My name is William Jones and I am from Washington State. I'm Vice-Chairman for the Lummi Tribe and also I'm on the Self-Governance Advisory Council.

MR. STEWART: Good morning, my name is Lidell Stewart. I'm the Vice-Chairman of the Board of Trustees of the Umatilla Confederated Tribes of Oregon.

MR. WARREN: My name is Alvin Warren, I am the Lieutenant Governor for the Santa Clara Pueblo.

MR. HUGHES: My name is Kathy Hughes. I'm the Vice-Chairwoman for the Oneida Tribe of Wisconsin.

MS. SINYELLA: Good morning, my name is Wynona Sinyella, Tribal Council Member for the Hualapai Tribe.

MR. MOORE: Good morning, my name is Robert Moore. I'm the Tribal Council Representative from the Rosebud Sioux Tribe. Also a member of the Tribal Technical Advisory Group for the Aberdeen area for CMS. I'm Vice-Chairman of the Health Board and still President of the Stacey Ecoffey Fan Club.

MR. GOBOSH: Bon jour. My name is Josh Gobosh and I am the Council Member from the Kootenai Tribe in North Wisconsin. I'm also a member of TAB, the Tribal Advisory Board of the area. I'm also the Health Board Chair for the Kootenai and I'm also a member of the Technical Working Group. And I want to acknowledge Mary Fairbanks here from the area and Terrie Terrio and if I left anyone out I apologize. Thank you.

MR. MILLER: I'm Scott Miller, I'm the Lieutenant Governor, Absentee Shawnee Tribe of Oklahoma.

MS. ECOFFEY: I'm Stacey Ecoffey, I'm an Oglala Lakota from Pine Ridge, South Dakota and I serve as the Principal Advisor for Tribal Affairs at HHS.

MS. CALIGUIRI: I'm Laura Caliguiri, I'm the Deputy Director for Intergovernmental Affairs, which means I'm Jack's deputy, who you met yesterday. I had the pleasure of being here early and got to hear your opening prayer. I wanted to thank you for that.

And after that I went over to the White House for the Indian Affairs Meetings which we participated in. It's about monthly, and I just wanted to let you all know some of your remarks that you made later in the day, I will continue to convey at those meetings. But that group is everyone across the Administration and so we raised issues that go not just from healthcare, but housing and education, obviously a lot of our issues are crosscutting issues.

And I think that those dialogues are very helpful. It tends to be people like Jack and I that are in intergovernmental affairs staff, but there's others as well and I think it continues to build on it. Some of the crosscutting issues that I think that you all are concerned about and we will continue to relay, some of the things that we hear today and while we're out in the region doing our consultations as well to those groups. Thanks for having me here.

MS. HOLT: Thank you, Laura. It's good to have you with us this morning. Good morning everyone. As I said, my name is Linda Holt, I'm a Tribal Council Member with the Suguamish Tribe. I serve on the National Indian Health Board as a board member and I'm also Chair of the Northwest Portland Area Indian Health Board. And I'd to give a special good morning to my delegates that are here at the table. It's a pleasure for me to be here today. I've participated in several of these budget consultations and I find them to be very helpful and very informative.

I'd like to welcome all the tribal leaders that are here today. I'm glad to see that you could be here and that you've returned for this second day of this go around with the HHS Budget Consultation. I want to extend an appreciation to Mr. K. and his staff, Stacey Ecoffey. Kimberly Romine and Jeremy Marshall for all of the hard work that you've done to

put this together. Thank you very much. Yesterday afternoon we heard some very passionate pleas from the tribal leaders to Doctor Grim and I just want to express my gratitude to all the tribal leaders for opening your hearts and bringing your reservations here to this table. It was very heartwarming to me.

And also know that, we all face these same issues on all of our reservations and we know what we each suffer and know that there is a bond between all of us. And that you certainly have my prayers for the losses that you have suffered. And please take those forward to your communities. Tribal leaders told Doctor Grim that they will fight the fight with OMB, but that they need the Department to take the initial step.

And I think that was very loudly and very explicitly explained again, that it's time they step up and stand with us and let us help fight the battle for the money that we need, and that we're perfectly capable of doing that.

And so I think we got that message to him loud and clear, that we want the eight hundred and some thousand dollars in the budget and that that's the request the Department should make. There were several breakout sessions yesterday with Department staff from CMS, ACF, SAMHSA, CDC, HRSA, AHRQ and AOA. Some highlights from the day included the following. At the CMS budget session, Herb Kuhn, Deputy

Administrator indicated that the Medicare-Like Rate Regulations are in the Department and are expected to be published in June or July.

And we've heard that for a couple of years now, so we're not sure which June or July that would be. But keep pushing, we're hoping for that. That's going to save us a lot of money.

At the AHRQ meeting, tribes learned that a funding opportunity is available for research of Indian health issues such as improved data collection at Epi Centers.

The CDC session was a good conversation with Doctor Walter Williams, Captain Mike Snesrud of CDC and Leslie Campbell of ATSDR. Tribal leaders discussed priorities such as strengthening the ability of tribes to be funded like states, not through states or ensuring mechanisms through which tribes are assured access to funds for such important health initiatives as pandemic flu preparations.

So Willie, I would just like to let you know that there are several tribal leaders that are interested in following that movement to get state block grants turned around to the tribes. So we will be contacting you and see you at the Self-Governance Conference in May.

HIV AIDS outreach and education, making sure that CDC's budget request increases funds excuse me for health promotion and disease prevention activities so critical to

Indian Country.

And I'm very proud to say Lieutenant Governor Keel and I co-chair the Tribal Consultation Advisory Committee to CDC. And it's been a very good learning experience for both of us and I know for me it's been a very good learning experience on an agency that I knew very little about.

And I think that a lot of tribes have that perspective of CDC too, that they don't really know other than disease prevention and poison control, what do they really do?

And so that's one thing that the committee is learning and we're being orientated into CDC. So it's opening up another agency for tribes and I think this is going to be a very good combination to be working with. The Health Resources and Service Administration Session highlighted opportunities for tribes to access programs to train dental health professionals.

A growing manpower shortage area in Indian Country as we all know. The dentist vacancy rate in the Navajo and Aberdeen areas for example is 45%, with much higher numbers in Alaska. Tribal leaders discussed the success of programs that are working in Indian Country, such as those addressing sudden infant death syndrome, infant mortality and fetal alcohol syndrome disorders. Increases in saturation of these programs in Indian Country are needed.

Throughout the sessions one common theme was evident,

states need to be held accountable for the funding they receive that is supposed to be shared with the tribes occurring within their states.

The federal agencies are in a position to ensure that this happens. Several tribal leaders requested that review panels on state practices with federal funds include American Indians so that both sides of the story are adequately told.

NIHB wants to be sure to invite all of you to our September annual conference and there's a Save the Day card in the back of the room. It's going to be held in Portland, Oregon and so we will be welcoming you to the northwest area.

The Northwest Area Indian Health Board is proud to be the sponsor of this annual conference. So we'd like to see you all in Portland in the last week of September. The conference will focus on health, for mental health, substance abuse, addiction and recovery. We will examine many of the issues discussed here, including suicide prevention, methamphetamine abuse, alcoholism and depression, all of which are preventable.

We will be examining some of these issues in our sessions today. Like I said, there are Save the Day cards in the back of the room and if you'd like to hear more information about the conference, how you can participate, if you'd like to be an exhibitor at the conference, you can go to our website, NIHB. Stacy Bohlen is in the back of the room, our Executive Director, and she'll be glad to answer any questions. Wave,

Stacy. She'll be glad there you go, great wave she'll be glad to answer any questions that you have. But we certainly would like to see you attend this conference. This last year's conference was very well attended and was very well received with a lot of good information.

We had a CMS day, a full day of CMS and we had a day of SAMHSA which I believe we intend to have again this year. So it will just be a good conference and we'd like all of you to attend. Thank you very much.

MR. KEEL: Thank you, Linda. At this time it's my pleasure to introduce the Deputy Director of Intergovernmental Affairs for HHS long titles, excuse me. You know, last night I was watching TV and I saw this show on TV called The Big Deal with Donny Deutsch or something, I don't remember what it is, Big Time. What it was is he had these folks from the FBI and other places telling him how to tell if somebody is lying to you. He was showing these, you know, They showed him all these special motions and gestures and things, so I want you to keep an eye on these people today. I want to see if I learned anything from that last night. No, really it is my pleasure to introduce Laura Caliguiri from the HHS Intergovernmental Affairs, the Deputy Director.

She's going to offer some comments and following that we're going to move into our breakout sessions. At the end of this day though I want to make sure that you're reminded to

fill out your comment sheets, your evaluations, and let us know, particularly the planners of this conference and this consultation session, of the comments and concerns that you have to make this better for next year or whatever. I think we've come a long way in making this a two day event rather than what it was in the past. But I want to make sure that we get those comments and capture those for next year. So having said all that it's my pleasure to introduce Laura who is going to give us a few words of wisdom.

MS. CALIGUIRI: I apologize, there's one little thing I was asked to do. Mike Snesrud is in the room here, and for those folks that were at the CDC session yesterday, there was a little omission in that we forgot to get a sign in sheet and have you do evaluations of that session. So in the back of the room I believe is the sign in sheet and the evaluation. So anyone that attended the CDC session yesterday, would you please be sure and do that for us?

Thank you. Well I can keep this brief but I wanted to just acknowledge that yesterday's dialog, the portions that I was here for, I spent a lot of time thinking about what was said and I actually spent some time talking to Doctor Grim last night in trying to find some ways where I can be helpful. And it may be small in some ways but meaningful in others and ways to ship away and make some accomplishments. And I did just also want to say how meaningful it is to me to be able to see so

many glowingly familiar faces.

And this is something that I've enjoyed working on and really hope to continue to build on our relationships with you. And we do hear what you have to say and we want to continue to hear what you say. And it's our regional consultations that both Jack and I are committed to, to participating in and it's those forums that we're really a good flavor of what's important.

And being able to attend more than one means that we can look at things in the bigger picture and see what issues are really at the top of concern. And that's something that we're both very committed to doing.

I was mentioning to Linda that I went to Portland last week and I felt we had what was a good meeting and good dialog and good discussion. And I expect the same for the remainder. So from that point that's really all I wanted to say, but to say thank you and to encourage you all to contact our office.

Stacey is your main point of contact and you can always contact me as well. And it's for things that we want to be able to help you navigate through the HHS system. I should mention that I'm relatively new to the federal government.

This is my, I think my third year so I can appreciate the complexity of a large government office. And I'm still too learning about some of the pieces of it in navigating the system. But any way that we can help you, small or large,

please call. Thank you.

MR. KEEL: I was watching.

SPEAKER: Did she tell the truth?

MR. KEEL: I believe her. Thank you, Laura. I do think that we have, we've come a long way in the last couple of years in moving forward in this agenda in terms of consulting with the federal government, with the federal agencies, the folks who have a hand in helping us to get the resources we need. Linda mentioned earlier about the, some of the breakout sessions and some of the tribal leaders' pleas for assistance and help and telling us some of the things that are really true in Indian Country.

The fact of the matter is that resources are scarce and they're going, and they're getting smaller and smaller and more scarce every year. We need to continue to strive to make sure that the federal agencies understand our position. But more than that we need to work together to continue to move forward.

Just working alone sometimes fills us with pride, but it doesn't get us very far. You know, I'm convinced that ignorance gets us into trouble and our pride keeps us there. We just have too much pride to reach out sometimes and say we need a hand and work together. So I look forward to today. I thank you, Linda, for your opening comments.

And Laura, thank you. I thank you Stacey and the staff. We'll come back here, I believe we're scheduled to come back

here after lunch. If you looked at your schedule this morning, move to your breakout sessions and then we'll come back and start again, probably right after lunch, I think that's at 1:30. So I look forward to seeing you there. Thank you.

MS. HOLT: Jefferson, there's just one more thing I wanted to bring up this morning that was a note of interest. We received an email today from my Vice- Chair, Andy Joseph from Colville and there's an article in the newspaper that the President just authorized to spend $1.9 billion to send the Navy hospital ship, U.S.S. Comfort to Latin America to help take care of their health needs there.

So, you know, I think we, Congress is, you know, certainly the area we need to go talk to, but we need to get into this Administration also and let him know that it's all well and good that we support our neighbors and help them in their time of need, but we need to take care of our own.

And he needs to meet that obligation of responsibility that he has to take care of us. So get some letters into the Administration also. Have a good day.

(WHEREUPON, the morning session was concluded at 9:30 a.m.)

MR. KEEL: Good afternoon, ladies and gentlemen. Once again I want to welcome everyone back. And this morning we had a little bit of an error and I want to apologize to the folks that were here this morning.

I overlooked one, probably the most important part of our

whole meeting this morning. We did not go to our creator and ask for a blessing this morning and I apologize for that. And I have not asked anyone to do that, so if you would please just stand and join me I'll do that for us.

Father, thank you for this beautiful day that you've given us. I want to ask if you would just be with us today, watch over us and help us and guide us and direct us as we deliberate on items of interest and extreme importance to our people. Lord, we ask a special blessing on all of those who have traveled here for this meeting.

We ask a special blessing on the leadership of this great nation, the tribal leaders that have traveled here and the leaders who are assembled in this room to conduct business for our people. Lord, we ask all of these things in the name of your son, Jesus. Amen.

Thank you, and once again I apologize for getting started a little bit late. I'll take full responsibility for that. Some of you are watching my eyes now, and I'm serious. We're going to begin with talking about the summary and takeaways from the breakout sessions and we'll go straight to the first one I want to go to, Mr. Kashevaroff. Don?

MR. KASHEVAROFF: Thank you. I'm supposed to cover summaries of three different areas, IHS, CMS and SAMHSA. They actually gave me notes for the SAMHSA one which was nice and no one gave me any notes for the IHS one. But since I presented it

I guess I'm supposed to know it myself.

Now I know most of you were actually in the room because the IHS was done for a fairly large group but I'll just try to summarize some of the key items in it. The budget recommendations from the IHS Budget Work Group are collected from throughout the country.

We have regional work groups inviting all the tribes in the different areas. And then the results of that are forwarded up to a National Budget Work Group where we meet and we work out any differences. And that group sets the priorities and makes the budget recommendation.

Yesterday we talked about one of the main issues was Honoring the Promise and that was the title of the presentation. And we found out that through the last couple of hundred years a lot of promises have been made to Indians. As a matter of fact at lunch I happened to eat over at the Native American Indian Museum and I was up there and one of the exhibits on the fourth floor is, they actually show us treaties that were written to a couple of Indian tribes, I guess they're going to rotate them out they said as time goes by.

But they have little excerpts of them from Presidents saying how important it was to treat Indians right. They even have one of George Washington creating a $500 bounty if anybody catches the people that went in and brutalized a bunch of Indian villages. And then you have a lot of different

Presidents signing treaties and recognizing Indians and saying how much they're going to do for what the Indians have given up.

We included some quotes from George Bush. One of them was, "There is no question in my mind that a proper role for a federal government is to help the poor, the elderly and the diseased get healthcare and the mission of the government is to make sure the quality of healthcare received by our patients around this country remains the best in the world".

And we also talked about the Indian Healthcare Improvement Act which was passed, in 1996 and it hasn't been re-authorized but in 1996 they passed it. In there it says, Congress declares that they wanted to help Indian people to ensure the highest possible health status and to provide all resources necessary to effect that policy. And the fact is that that hasn't actually happened.

Neither the quotes form the President of the United States or the vote in Congress that authorized that bill, neither of those have happened. Over the last, well, as long as anybody can remember IHS has not been fully funded. And every year, and I won't show you the graph, every year though IHS in the last, since the last 20-some years have been getting a smaller percent than inflation.

Medical inflation in the last decade or so has been running at 8% to 13%, pharmaceuticals you might remember went

up to 15%, 18%. OMB says it's 3.9% to 4.2% and when you look at what IHS actually got it was about 1.5% to 2% inflation, when you broke down the last couple of years of where we put it at. So if we're only getting a 2% inflation every year for medical inflation and everybody else is recognizing 8% to 13% and Medicare and Medicaid are recognizing it and they're getting the boost, it doesn't take much I guess IQ to see that, that health system, Indian Health System is going backwards, because there's just nothing you can do.

If you get a 2% increase and your doctors need 10% more and pharmaceuticals cost you more and medical supplies cost you more and the facilities cost you more, then you just can't keep doing that.

After awhile it compounds. Just like interest compounds, the lack of getting money is compounding. And right now the tribes are in a huge deficit situation. If you look at we, or the government has said that we're at a 60% level of need funded, meaning we're only getting 60% of the money that we need, and that cannot continue.

In the fifties there was the policy of, the United States government set a policy to basically get rid of the tribes and they started sending off the folks off the reservations into the cities to modernize them or westernize them. And they figured they're going to get rid of all the tribes that way. Well, they realized that was kind of stupid and so they

switched course on that.

But on the healthcare we haven't switched course, we still under fund IHS. Eventually there won't be an IHS system. It'll still be there by name but the money won't provide anything.

Some of us were joking that they had rats at the VA Medical Center and I said, well, you can't find any rats at my center, we're too busy serving them in the cafeteria. We don't really serve rats in our cafeteria, but that's kind of what it's like. I mean that, maybe we should and maybe we'll get some extra money that way.

But, it's getting that bad. We have desperate needs. We had some presentations yesterday from around the table of folks with people in their reservations and their villages that are real sad stories. And you think in the PowerPoint we had one young gentleman point out his dozen family members all had cancer, a few survived, a lot didn't.

A young lady that had a picture of her childhood friends that have committed suicide. Around the table you heard of eight deaths in six weeks, only one of them lived to be age 70. The rest of them all died what we call prematurely from things that are preventable.

And it kept going around the table and what we realized is that while one story is bad, well that's an anomaly, but you heard it from five, six, seven people around the table, it starts to show a pattern that this is common.

In Indian Country we live this way. We just recognize that times are tough and times are hard. And the sad thing I guess is that this is the richest country in the world.

And it's supposed to have the best healthcare in the world and over 800 treaties were signed with the First Nations, the first people, saying that if you cede your land to us we're going to give you this and that and provide you healthcare.

But that isn't happening. I mean America really should be embarrassed about what they're doing. So we went through five priorities that we presented. Diabetes was our top priority, cancer, heart disease, those are all items that we're facing now, alcohol and substance abuse.

We have a sixfold alcoholism rate compared to non-Natives, six times the rate. That's unthinkable in my mind. In mental health issues we heard about all of the suicides, the things such as that going on.

The main point was that we're asking for about $781 million which sounds like a lot of money, but not for HHS. HHS has a budget, I don't know what your budget is but it's $500 billion or $600 billion or $700 billion.

And I know it's discretionary, you've got a very big budget, but overall the budget's huge. And we've been asking for years that if you just funded us at the rate that Medicare and Medicaid gets funded at, there would be a lot of happy Indians. It wouldn't be enough, we need 8 billion bucks, but to get an 8%

or 10% increase in one year would be great.

We're asking for over 20% and we really request that HHS put in a $781 million request to whoever the next step is, OMB or the President. And we heard yesterday that the folks here at the front of the table, are in a unique position, they actually get to see the President every now and then.

And they can actually talk to the President. None of us in Indian Country ever get to talk to the President. So when you see the President, invite him to Indian Country, tell him the Indians need $781 million and don't let OMB who, I don't know who those folks are but they're a little mole somewhere or something, I'm not sure what they're doing, but either get them to the table or you have to go to bat and bring us to the meetings with you.

And we will bring our sick and dying and put them in front of OMB and let them tell those folks no.

And that was the summary from yesterday. Okay, next up. Oh, okay, next up, CMS, I do want to tell you that something my great Grandpa told me where, back when we were mending nets, I live on the coast, we were mending nets many years ago and he said, Grandson, if you ever have to talk about CMS, bring your attorney. So I'm bringing my attorney since I didn't get a sheet telling me that's a joke okay, thank you. It's a bad joke but I didn't get notes so I'm going to bring Ms. Val Davidson. She is, she was in the actual work group and I'll give her five minutes

to give the highlights of the CMS.

MS. DAVIDSON: I also serve as the Chair of the Tribal Technical Advisory Group since its beginning with CMS and they do really illustrate the need for adequate funding for healthcare services. And if you go back in time, to us it doesn't really matter whether those services are paid for out of IHS, although we believe that that should be the first priority, or any other agency in the Department because the promise was made by past Presidents of these great United states.

And that promise is a sacred promise to American Indians and Alaska Natives that should be honored by every single employee who works for the federal government.

When a patient presents at a facility they don't really care whether that service is being paid for out of the funding agreement funds from IHS or from CMS, through Medicaid and Medicare, that patient just needs to be able to get the care.

We know that IHS is only funded at about 60% of the level of need. So if it costs $1,000 to provide care to a patient and IHS is only able to fund $600, where does that $400 gap come from? Well it typically comes from tribal contribution and it also comes from Medicaid primarily and Medicare and SCHIP. So we really have to work creatively, very, very hard and through community programs to be able to try and make our healthcare dollars stretch farther.

There have been some great advances in legislation that will

allow those dollars to stretch even farther. For example, Medicare like rates which was enacted as a part of the Medicare Modernization Act and we've been waiting for three years for those regulations to get finalized.

And it was a requirement by an Act of Congress that it had to be finalized within a year after enactment. And the way that Medicare-like rates works is that for care that we are unable to provide ourselves, which is care that is referred out through our contract health program, typically is specialty care.

When that care is referred out we don't simply have the numbers in Indian Country, enough tribal members to be able to negotiate really good hospital rates like a Blue Cross does or any other private insurer.

We just don't have the population large enough to be able to negotiate a good rate. So typically across Indian Country while Blue Cross and other private insurer companies are paying a lesser rate, 80% of charges or a lower rate in some instances, Tribes, the program that is the least funded in the United States, less than prisoners, less than anybody else is still typically paying 100% of billed charges.

And if we don't, guess what happens? Our patients get bills and get sent to collection agencies from those hospitals. And the fact that that, the fact is that we've been waiting for three years for those regulations to get funded.

It's cost about $75 million to $100 million at the most conservative, the conservative estimates we could come up with. And those are federal taxpayer dollars right now that could be used to advance Indian health, but they're going to private hospitals.

And we just can't allow that to happen. Now we've heard repeatedly, including this week, that this is the time that it's actually going to quit bouncing back and forth between IHS and CMS and the Office of the Secretary and it's actually going to go really this time, they really mean it, it's going to go to OMB for final clearance.

And every time we hear that from somebody we smile and we nod and we listen really politely, but that's the same line we've been hearing for three years now. And it just has to stop. I mean we can't afford to spend an additional $100 million that we don't have when we're already grossly under funded.

So I'm hoping that you folks can help us prove Indian Country wrong, that it's really going to happen this time. We know that OMB has 90 days to consider it, even though it's actually going to save the federal government money.

They have 90 days but it would be an incredible act of good faith on the Department's part, on the Secretary's part, if you could communicate to OMB that they don't really need the 90 days to consider that. They can take up to 90 days but guess what?

OMB can act faster if they really want to and if they get

the right kind of pressure. And we're hoping that you can help us to do that. So that's probably the number one issue, that is our CMS TTAG issue. The other issue that's happening is Medicaid Administrative Match. We were so thrilled to get those letters of clarification from Dennis Smith clarifying that tribes and tribal organizations can participate in Medicaid Administrative Match like states can.

No sooner than we were able to yell out a celebratory hurrah, CMS issued proposed rules that would effectively require a taxing authority which would eliminate the ability of many tribal organizations, including almost all of the tribal organizations in Alaska, California, tribal organizations throughout the United States from being able to participate in that program.

And you may ask, well why should we care about Medicaid Administrative Match? The reason is simple. It typically will provide from outreach and education and getting folks, our tribal members enrolled in Medicaid, Medicare and SCHIP programs. We know that we are disproportionately eligible for Medicaid.

Why do we know that? We are some of the poorest communities in the country. Some of our villages have unemployment rates of 75%. A typical income will typically feed about 15 family members. We are disproportionately eligible, but we are also disproportionately under enrolled because we - the only way to

be able to catch those folks is to be able to do culturally appropriate enrollment, being able to be there, to sit down, to explain to people why they should apply in a language they can understand and on terms that make sense to them and their families.

The other piece is that we know that Don and others have mentioned over the course of several days the incredible health disparities that are experienced by American Indians and Alaska Natives. And to the extent that health reform plays out in this country, and it's playing out in a very big way, to the extent those resources are limited, American Indians and Alaska Natives will suffer disproportionately more than anybody else.

We are disproportionately eligible for Medicaid, we have some of the highest health disparities and we are typically in rural and remote communities. And what that means is that when people do finally get to our facilities, they've gotten there by paying for plane tickets and gas money with money that they don't have, they're sicker than the average person and they're seen in facilities that quite simply aren't, that have fewer resources than any other health facility provided by any other healthcare organization in this country.

And I think I'll stop there and just underscore the fact that this is something that can't be ignored and has to be looked at in tandem with IHS in order to make a meaningful access to American Indians and Alaska Natives.

MR. KASHEVAROFF: Okay, thank you. The last one I had to cover was the SAMHSA and I did get notes on this so I'll go through them. The bulk of the notes had to do with accessing money or accessing grants. One of the main issues they discovered was tribes cannot access block grants for the programs because the money is distributed to the states. And the states oftentimes do not funnel the money to the tribes.

No surprise there. Everybody in Indian Country knows that it's very hard to get the states to even recognize the tribe exists let alone give them money. They did come up with a recommendation though to institute a tribal specific block grant.

This will provide tribes an opportunity to access substance abuse and mental health dollars to address the issues in their communities. The other issue was that small tribes have a very difficult time accessing dollars for their smaller programs. Usually in grants they have a lot of grant requirements that maybe have huge populations or other things and there are a lot of small tribes in this country.

The recommendation was that SAMHSA has a, have a set aside for smaller dollar amounts for smaller tribes and smaller programs that can't compete with the larger tribes for the funding, for the larger dollar amounts. Like most SAMHSA grants I guess provide for large dollar amounts for large tribes. And you're missing a major part of the country when you do that.

Another issue that they brought up was the high need for treatment facilities and we discussed that in the main session yesterday. And the recommendation was that there be a line item in the IHS, oh, it says while there is a line item for facilities in the IHS budget, it has not been funded for two years. We're in the third year of our one year pause there. So we would like SAMHSA to be given the authority for treatment and mental health facilities.

These facilities need to cover behavior, alcoholic and substance abuse treatment as most of the disorders in our people are co-occurring. So the idea is if IHS can't build facilities anymore, maybe SAMHSA could be helping out in building the facilities.

Another issue that they discussed was the need for more money to cover detox services. And the recommendation was SAMHSA and IHS should work together and in coordination with tribes to ensure that detox services are covered in our health services.

I know even in, where I come from in the big city of Anchorage where I'm sure we have 300,000 people, that is one of our big problems too. I mean we have folks coming into our ER that need help and we stabilize them and we have no place to send them, because there are just no other centers around, there's no one that can take them.

Another issue, similar, SAMHSA grants, because of the requirements make it difficult for tribes to compete. The

recommendation is we ask that best practice language be taken out of the grant requirements.

Our tribes oftentimes have their own methods of treating that are effective, but do not necessarily meet the requirements. Furthermore, OMB, the body responsible for implementing these requirements do not consult with tribes. OMB must be a part of the conversation and should be consulting with tribes.

There are other issues they had. Other agencies have block grants that provide a tribal set aside and establish baseline funding for small tribes that may not be equipped to compete in the grant programs with larger, more elaborate programs. Perhaps the Agency can look to some of the other block grant programs for guidance in addressing these requests. Or you could have SAMHSA do what some other folks are doing and set up the programs to help other tribes like they have. That was the issues that the SAMHSA group had. Thank you.

MR. KEEL: Thank you, Don. And before we go on to the next presenter, Carole, I want to apologize to the federal counterparts here for just moving right into the session and not being a good host here or facilitator. I want to recognize Doctor Garth Grim for your accomplishments. I appreciate that. I appreciate also, you're not Jerry Regier, but he was here just a minute

ago.

SPEAKER: I'm just stepping in for him for a minute, I'm one of his Deputy Assistant Secretarys. He'll be back.

MR. KEEL: You let him escape, didn't you? The Assistant Secretary, Charlie Johnson, Doctor Grim and Jack Kalavritinos. I wanted to tell them how much we really appreciate them being here. These are, these folks are high level staff people within the Department that are here to listen to us and hear from us. And so I wanted to make sure that we acknowledged them and thank them for being here. Having said that, we'll move on to the next presenter. Doctor Grim, did you have something that you wanted to add?

DR. GRIM: No, no.

MR. KEEL: Okay then, thank you. Carole Ann.

MS. HEART: Well good afternoon everybody. I want to begin by saying (Indian greeting). In Lakota it means, all my relatives. (Indian greeting), which means, today is a red day, and that's how we begin a lot of our prayers and our greetings. It's also important that I introduce myself. I am Carole Ann Heart and my Indian name is (Indian name).

In Lakota it means, they see something good in her as a woman. And I think that's very important because

our traditions are alive and our traditions guide us in what we do. So I am going to be summarizing for three agencies and it all comes from yesterday, and that is HRSA, the Administration on Aging, and ACF. And i sat in on ACF's presentation for part of the time. I also sat in on the Administration on Aging this morning. And I helped facilitate HRSA. And I'd like anybody who was at the ACF, Jefferson, to, if I have missed something please make sure that we get it in. And I will begin with ACF. The Administration on Children and Families is a very large agency and it's got a very big responsibility.

In the culture of indigenous people, children are sacred. And this agency alone has a great responsibility to care for our young people. And when you talk about planning for the long term, in many of our cultures we plan seven generations ahead. And I think with today's financing, the way that our programs are, we can barely plan one year ahead and it has kind of cost us a lot of consternation about the future of our children.

And Head Start is a very, very important program in that, of the 562 tribes, only 188 have a Head Start program, which is very sad. I looked from the testimony on that. And then there are 6,627 employees and only 16% of the children are enrolled in Head Start.

So there is a great need in the Head Start program also to provide more funding and to ensure that all the tribes are able to have a Head Start program.

And they also suffer from the same demise that the majority of our tribal programs suffer from, which is a severe lack of funding and many decreases.

And I think we play that game which is really sad because it is a game. And I once heard President Bush talk about 'fuzzy math', all right? Now I know what that really means because we play a lot of 'fuzzy math' games when we talk about funding our programs and they got an increase last year, when in fact they really got a decrease and somehow they make it look like it's an increase.

But it really isn't. And so I think that we need to really, really support the Administration for Children and Families and support the people that work there because they are doing one of the most important services that can be done, which is caring for our children.

And to really give our children a head start in life it's important that Head Start be funded at what they requested. And also to support them in any other way which is to also have culturally competent people that work in the program.

And I am very proud of the Head Start programs on the reservations that do have them. But I know there is a need out there for more Head Start Programs. So, Jefferson, if there's anything you'd like to add?

MR. KEEL: In that session there was some discussion about prevention. And I know that Doctor Grim's emphasis for the last several years has been on health promotion and disease prevention.

As a matter of fact I chair a committee that focuses on that. But part of the discussion was on the development of wellness centers and the funding of wellness centers are giving our children not only a head start, but the other young people a place to begin, some place where they can learn about some of the life skills and some of the other prevention measures.

There was another aspect of that and it had to do with the President's budget, the budget request. And the budget that is presented to Congress comes from the President. The President has to request, or request funding for programs. Part of that request has to be the Indian health budget

And if the President doesn't ask for it, it's not going to be there. On the other hand, if the President asks for it there's a good chance that it will be funded. So there is a perception that the President's

budget is politically based from OMB.

In other words OMB sends out this directive to the Agency and says, this is how much the President is going to ask for next year, it's going to be a 2% increase.

But that information then is kept within the agencies within the Cabinet.

No one has access to that information until it's released. Once it's released, then the different departments across the federal government start to scramble around and start competing for how much money they're going to get within that 2% increase or whatever.

The tribal governments and tribal leaders are left out of that process until it's already developed and it's in place. That's not consultation. Consultation is not after the fact, it should be done before the fact. And so that's what we're talking about here.

We're trying to get ahead of that process for 2009 and 2010. 2007 is already after the fact, it's already done. 2008 probably is too late. But 2009 then, it's time for us to be, to step forward and get into the process.

And I believe that's where we are today. You know, and I think that there is, has been an effort on the part of HHS to in fact get us into that process. So I

appreciate that.

But there is an emphasis there. So that was one of the areas that we needed to talk about, and I'll talk about some of the others in the next session. Thank you.

MS. HEART: Okay, the next one was HRSA, Health Resources Services Administration. And in that session it was very informative to know some of the programs that HRSA offers. And one of the areas that tribes were concerned about was the federally qualified health centers and the fact that they are opening those up so that they hit the high poverty counties in the United States.

And I think some of the highest poverty counties are in Indian Country. And that qualifies us to participate in that program. However, there still must be an acknowledgment of the fact that tribes are sovereign nations and it's a government to government, and again it cannot be passed through the states again.

And I want to reiterate this, that in almost every session that I attended and almost every session that I participated in or listened in on, I think we must really acknowledge the fact that funneling anything through the state is not the way to assist tribes. And a couple of years ago when the bioterrorism money came down in South Dakota, we asked the state to give an

accounting of how much they gave to the tribes and it was like $1,000, $1,500.

Well what can you buy with that? One little radio or what? I don't know but I think that's kind of how we look at things in our part of the country.

And I think in other parts of the country, that when it's left up to the state to give the money to the tribes it really doesn't happen. And I think you really have to take a long hard look at that in the distribution of funding in any way to tribes to ensure that that doesn't happen.

And so I've heard this as a theme throughout almost every single presentation that was given. And so I think it's something we need to really look at.

So the federally qualified health centers are a very important component that could possibly be used by tribes and they're targeting some of the highest poverty areas in the United States to participate in that project. Also, when we look at some of the grants that are administered under HRSA in the Aberdeen area and the Limoge area are the recipient of some large programs, which is the Healthy Start Program.

And we are very proud of that program and we've done very well with that. But a part of our culture is that we must help our other people, you know, our other

tribes and our other relatives.

And we feel that all the other tribes should be able to participate in a Healthy Start Program which is before Head Start. And when you are able to work with high risk pregnant women, of which we have a large majority on our reservations, this would assist mothers to deliver healthy children.

We have the highest rate of infant mortality, three times the national rate. And I think this is something we really need to target in order to, again bring healthy children into the world, who can be healthy adults and contribute to our society.

And so in talking with HRSA, I won't say they made a commitment but they listened. And I think we need some commitments from a lot of the agencies to really assist us in some of these issues.

Another one was the professionals that are sent to Indian Country. If you look at the numbers of Commissioned Corps people that are sent to the reservations, that's going to give you where the gaps are for Indians, for professionals.

We talked about the vacancy rates for dentists on Indian reservations, 45%. We talked about the vacancy rate for pharmacy, which is sometimes 35% to 50%.

All of these are areas where we need professionals

of our own to assist to do this job. And yet, you know, I think there's been a cut in scholarships, there's been a cut in tribes to be able to fill that gap.

And so, you know, we are very happy about the Commissioned Corps being there because they do, you know, fulfill a very important responsibility. But I think we need to do a lot more to build the infrastructure for tribes on reservations. And so that's another area that we were very concerned about.

The final one that I sat in on was the Administration on Aging this morning. And it was a very moving presentation and the intensity I think of feeling and the emotions that were expressed there at this session, as was expressed yesterday at this table, I think is something that really bothers me. Because why should our people have to come here and beg for funding that was promised under the treaties? Why should our people have to come and express sad emotions because the funding isn't there? I just really get upset about that when I think about that.

And then the radical part of me wants to take over and I want to call Russell Means and Dennis Banks back in and start taking something over. Because it almost seems like that's what gets the attention, you know. We just heard on the news today that President Bush is

giving $1.6 billion to Latin American countries for health.

Is that our money? I mean, take it back and then give them some other kind of money. But I hear this and it's like, what about us? There's a responsibility here to the American Indian people whose land everyone is living on, and yet that responsibility is always not committed like it should. And so under the Administration on Aging that intensity of feeling and passion really got to me and I really, really liked what my friend Valerie said.

She said, we all hate that word, removal, because we know what that means more so than almost anybody in this whole country. Removal from our lands, removal to boarding schools. The word removal itself is an ugly word. But yet, one by one we're removing our elders from their reservations, from their families, from their people, from their culture.

And I just thought that was powerful. Okay, so, long term care. We know what the issue is. We have very few long term care facilities on Indian reservations. Some of the issues again are with the states.

The states really need to begin to start helping the citizens of their state. We are members of those states. And yet they don't assist us to the full maximum

benefit that they should, the other citizens of the state. So the long term care is something that we are very concerned about and we want to assist our elders to be comfortable to the end of their days.

Also the government to government relationship, I think we just still need to reiterate that, that it is a relationship that we have with the federal government and tribal governments.

And that trust responsibility has not gone away. And so when we look at the circle of people that we serve from the most vulnerable, the newborns and Head Start children, school aged children and our elders. We need to close that circle to ensure that we take care of all of our people. So what are the solutions? I think one of the solutions is to finance the true need of the Indian Health Service.

We come every year, I've been on this committee now for three years and it seems like the same thing happens, we ask for an increase it's like, just give them last year's testimony, they're not going to pay attention anyway.

That's kind of like how I feel like doing it, but I know that we can't do that. And we do have some good data, we have good statistics. IHS does a good job of gathering all the conditions and use those to the maximum. Give it to the regional consultations, get as much help as we can and finance the true need for Indian Health Service. Also, I think as

Agency leaders you have the discretion.

You may be a political appointee but I think having been a former prosecutor, I am well aware of police discretion? And when a policeman stops you, he can let you go if he wants, and sometimes they do? Probably not a lot of us sitting in this room, but a lot of people can be let go. And so police discretion I think is similar to a deputy who is appointed. You have a lot of discretion. Maybe you might take that stand and say, you fund these Indians at the full amount they ask for. What can they do, fire you? Does that hurt? No.

Just say it. And I think that that's a very important thing. I think our relationships with the states are improving, however they aren't great. And I think we really need to look at that in some way because it's a very big issue for Indian people.

And that's this whole confirmation of the government to government relationship. And I can't say enough about OMB. I worked here in D.C. just for one year and one of the things that I had requested was that they send OMB people out to the reservations.

And don't send them out in the summertime when it's really nice and pretty. No, let's send them out there in that dead of winter when it's 40 below zero and their plane doesn't even fly and their car won't start. Let them experience that. And they did, they sent some OMB people out to South Dakota. They got

stuck in the snow and the Area Director said, that must have worked when you talked to the Appropriations Committee Senator. They sent them out and they got to experience that.

And I think when they come out and see how people actually live it will make a big difference, because when you live in D.C. and you drive a nice car and you eat at nice restaurants and you live in a nice little townhouse and the thing you worry about is having to maybe take the metro every now and then and that's really bad. No, come to our reservations and see how we live. It will make you think twice about what's really happening at the local level.

And another solution, I think that we need to measure and track the progress that we make every year as we come to these consultation sessions. What happened last year? Did we accomplish that? And I didn't know what to think about looking at the summaries when we looked at the agencies, how much money they get. And that maybe we didn't ask for a budget increase for some of these agencies. So I think we should finish this off by saying HRSA needs more money for Indians and this is what we ask for and did they get it and did they spend it on Indians? I think that's one good way of measuring the progress of what happens at these budget consultations and I think that would be one thing we need to do. And what we've asked for are tribal set asides, an increase in the budget, full participation in the budget so that it's what we want, not what somebody thinks that

we want and need, and full empowerment for the tribes.

I think that's the most important thing we need to ask for. And also, infrastructure development which comes in many forms. That's shoring up our programs and educating our young people and acknowledging our culture and our language and our history. I think those are very, very important things. And this annual follow-up I think is going to be really powerful for us to continue to monitor and see that we have made some progress in asking for money to help our people be healthy. And so as a wrap up then I just want to say that I am thankful for all the tribal leaders sitting at the table, all the tribal leaders that are not sitting at the table, and all the Indian people who have dedicated themselves to come and live here in Washington, D.C. and do the work that needs to get done.

So I want to acknowledge all of you for that. And finally our Direct Service Tribes Conference is June 26th, 27th and 28th and it's in Denver, Colorado at the Four Points Sheraton, remember, four directions, Four Points, that's why we picked it. No. And our theme has always been, "as long as the grass grows and the rivers flow", and we're going to continue with that theme until we get full funding. Thank you very much.

MR. KEEL: Thank you, Carole Ann. Let's hold our comments until the end of this so that we don't run late and then I will come back to you. Okay?

MS. BECKWITH: There are two summary issues that we

haven't touched on.

MR. KEEL: Go ahead.

MS. BECKWITH: I'll be brief. Again, Gina Beckwith from the Port Gamble S'Klallam Tribe, there are two more issues that were brought up at the ACF portion that I'm not sure that I, if you captured them or not. But one, Quanah presented a little bit on the self-governance issue and the feasibility study, and that wasn't talked about much.

But it was raised and I just want to make sure that that doesn't fall off the record.

The feasibility study was completed in 2002. Eleven programs were identified as feasible to self-govern under demonstration projects. I know my tribe is willing to work with senior HHS staff on moving that forward and getting that through the Administration. So I just want to make sure and re-summarize that as an issue.

And also I believe Channel Wilkins had committed to some type of written answer about the set aside funding for Head Start at 13% for being a priority for Head Start. But there is some type of disparity about why it wasn't spent fully, the full 13% wasn't spent on the priority. And so I just want to follow up on that to make sure that we receive some type of accountability for that. Thank you.

MR. KEEL: Thank you, Gina. And that's a very good point that the follow-up for this, this entire session is being

recorded and there are, we will have a written record of all of the agreements that have been made here and the comments that have been reached. So we'll examine the record after this as a follow-up to make sure that we do get back to the appropriate people.

But thank you for including that. The next session is session number 3 and I'll take off on that but I'll be very brief and then I'll turn it over to Linda. The NIH breakout, there were some recommendations, and I'll go through those very quickly. First of all, funding for the American Indian and Alaska Native research must be provided to tribes and tribal organizations. The research must support culturally appropriate research. Also we must continue to support Native research initiatives to develop researchers that will in turn help us as tribes to be more, or to more effectively compete for the NIH grants.

Currently there's a lot of opportunity, there's a lot of money in NIH, but the tribes sometimes are not really represented in terms of being able to compete for those grants. The research gathered about Indian Country must be returned to benefit tribal communities and resources be made available to address those findings. And finally, NIH should establish an American Indian and Alaska Native advisory committee to ensure that our needs in research arena are being met.

There's also one other part of this and I've spoken with

Buford Rolin in terms of the NIHB and NCAI working together. There is a research component that we're looking at in terms of developing a task force, and we have a task force in place, but it's been sort of inactive in the last couple of years. And we're going to reactivate that and move that forward.

So we'll be working with NIHB to get that started. And finally I'm going to ask Linda to follow up on the other portions.

MS. HOLT: Thank you, Jefferson. I also have the AHRQ portion which, I'm sorry I didn't attend the meeting but on review this was interesting for me too to learn, to learn more things about agencies I don't know about. But one of the prime things that I discovered is that the mission for the Agency for Healthcare Research and Quality is to improve the quality, safety, efficiency and effectiveness of healthcare for all Americans. AHRQ promotes healthcare quality improvement by conducting and supporting health services research that develops and presents scientific evidence regarding all aspects of healthcare.

The priorities for AHRQ are the electronic health record. And one of the recommendations is that they need, the need for realtime information about patients so that we can provide quality care and get the right care to the right patient at the right time. Tribes provide data and even though we've scored relatively well on those, we are not seeing any rewards for

that. Epi Centers, we're asking that the Epi Centers are provided full funding to support all 12 Epi Centers. They are a critical component of our delivery of healthcare. And we asked last year and repeat the request this year, that's direct funding for the area Epi Centers.

We appreciate your role in the establishment of the new HHS Tribal Advisory Group on health research. We hope you will, we hope you can assist in the data collection activity that TTAG has begun working on to get data about American Indian and Alaska Native access to Medicaid, Medicare and SCHIP. That has become a valuable resource for tribes and as Valerie stated we're under represented in getting our tribal members enrolled in those programs. And we would like to see further outreach help from the agencies to get tribal members enrolled as they should be in those programs. The other program that I was asked to report out on is the CDC, and I was present at that meeting and honored to co-chair the Tribal Consultation Advisory Committee with Mr. Keel on the CDC.

It's again another agency that I've learned a lot about just by being on that committee. And one of the things that the tribes first identified is that not many tribes know how to access CDC. Not many tribes know what programs CDC even offers for them. And so that's one thing that we've asked, is that they orient TTAG members that serve on that consultation committee as to what CDC actually offers for tribes so that we can begin the

process of helping them spend that money. We also have asked that, we've also asked that we be part of their budget formulation process.

And we thought IHS was a complicated budget but it doesn't even begin to match the CDC complicated budget. So we asked that they identify for us what items in their budget fund tribal programs and wasn't able to do much of that because there's not a direct line item for tribes in the CDC budget. And so we're working on that also to come up with ways to identify and possibly get a line item in the CDC budget to be for Native American programs so that we can see the actual funding that we're looking at and increasing that funding. So those are things that the TTAG is working on. Our recommendations to CDC is that CDC should not reduce funding to Indian tribes in FY 2008 and should request an increase in 2009 that is sufficient to include a 10% increase for Indian programs and services. Restore $8.2 million in funding for Indian related programs and services that were lost in FY 2005.

Ensure that pandemic flu planning and emergency preparedness resources reach the tribal level. And this again goes to Carole Ann's comment about just about every session was referred to the block granting to states, and tribes are just at the point of we're not getting that money if the state is not cooperating. Regardless of the fact that CDC put very strict requirements on this emergency preparedness money that the

states had to provide proof that they worked with the tribes, it is still not coming down to the tribes. And I think that the tribes have demonstrated time and time again that they are perfectly capable of running their own programs and taking care of the money to operate those programs. We feel that it's time to drop the state and that the tribes should be receiving block grants funded directly to them. And that includes this money for pandemic flu and emergency preparedness.

So we're asking that tribes be given a specific block grant for their own funding to fund these programs. We're asking for significantly increased funding for CDC ATSDR, Office of Minority Health, to establish new relationships with tribes and tribal organizations to strengthen Indian Country's prevention infrastructure. We found by meeting with ATSDR, and I was very happy to sit on a review of ATSDR, and the Office of Tribal Affairs for that agency recently in Albuquerque in reviewing those programs, that's another thing found, that tribes don't know about ATSDR and that they have an Office of Tribal Affairs. And that they're there to help and support tribes in specifically toxic substances. There's a lot of that on tribal reservations that's going on, and helping the tribes with that. ATSDR is funded through the Super Fund money, they're not funded through CDC.

And so it's services that should be going out to the tribe but we need increased staffing for that office and we need

increased funding for that office, so that they can provide the support to tribes that they're supposed to be providing. Also true with the Office of Minority Health and we have two tribal liaisons there. We need more. Those two people cannot handle 564 tribes. And we need more positions in that office. We need to build CDC's American Indian and Alaska Native workforce.

It's reported that less than 10 American Indian and Alaska Natives are employed within CDC. That's less than one-tenth of 1% of the total FTEs reported in the FY 2008 CDC budget justification. In order to eliminate health disparities for Indian people it's essential that CDC work to increase its Native American workforce. We need to increase funding for American Indian and Alaska Native data needs by funding and supporting the work of eleven tribal epidemiology centers. Restore budget cuts sustained by ATSDR's Office of Tribal Affairs. We're asking also that, there has been indication that there may be restructuring of the ATSDR and we're asking that if this is to be done that it be done with full tribal consultation and that the tribes be involved with any restructuring of that office.

ATSDR has provided resources to state governments to address harmful exposure effects of methamphetamine labs. Methamphetamine used in Indian Country has reached an epidemic and must be done more must be done to assist tribes in addressing its harmful effects. Tribes must benefit from the

same types of programs and funding that states have been provided. And I know that Leslie Campbell has put papers on the back table back there for a conference that's being held on May 1st here, regarding how to identify methamphetamine labs and how to clean them up. And the conference is free, you just have to get yourself back here.

So be sure and grab one of those because space is limited for that conference. We're asking that CDC continue to fund and support STD/HIV activities in Indian Country. The Northwest Portland Area Indian Health Board has previously raised this issue with CDC's Tribal Consultation Advisory Committee. CDC's response and justification for cutting these important programs in Indian Country is completely baseless and inadequate, given the significant STD/HIV disparities that Indian people face. It is not known why CDC will not support funding for a Native American specific STD/HIV program when four out of the last five STD/HIV CDC funding announcements addressed high risk ethnic populations, none of which mentioned American Indian and Alaska Native populations. The inequity of this issue must be addressed by CDC. This is a program that has been very successful in the Portland area.

Our Red Talon program has been recognized nationally for the work that they have done and the success that they have raised in STD/HIV awareness. And so we are asking CDC to continue to fund this important work in Indian Country. Thank

you.

MR. KEEL: Thank you, Linda. One other point, we are scheduled to take a break at about 2:45. In the interest of time we're going to move, we're going to go ahead and continue on with this and then I know that we're all capable of taking our own breaks when we can, so if you would bear with us I would appreciate that.

And I also respectfully ask the next presenters to summarize your comments and make sure that the written comments are entered into the record if you don't mind.

Thank you. The next would be Vice-Chairwoman of the Oneida Nation, Kathy Hughes.

MS. HUGHES: Good afternoon. My panel discussed first of all the crosscutting issues on emergency preparedness and pandemic flu. First and foremost of course is the usual, the serious obstacles to receiving funding. And again this is a state issue. And I know the first point can't really be dealt with here because it's a classification of tribes in the same definition as local governments, and that's in the law so if we want anything there we've got to go into Congress and try to get that law changed.

The other is just the difficulties in receiving funding through the states. That's been expressed several times around this table already in various other areas. It's no different for emergency preparedness. Even though the regulations have that

word "shall" in there, we still have a lot of problems in communicating, coordinating, working with the states. The tribes are forced to fund emergency preparedness right now through their own funds.

I know in Oneida we fully funded a position and the program overall is funded 100% with tribal funds. Tribes have expressed that they are ready but they can't go forward without the appropriate funding, or without any funding. So that's our first problem in really being able to meet the needs for preparedness. The question was posed about whether there has been a national assessment of where tribes' emergency preparedness. CDC had a response to that in that they are preparing an assessment it's not a formal assessment, but they are required to review the states and how they are preparing for emergencies. And because they are supposed to have the consultations with the tribes, is that occurring anywhere? Through the CDC assessment we might be able to find out what is actually happening. And this report is supposed to be presented and prepared for the midyear meeting, which I think is in May sometime.

And additionally in 2007 grants the states have to provide evidence of that working relationship with the tribes. So that's that use of that word "shall" they have to now document that they are actually doing that. It'll be interesting to see how some of the states are going to be able to do that.

I'm pleased to say in Wisconsin where I'm from the Governor has really gone beyond the normal bounds to make sure that the tribes are included. He has actually held separate consultation sessions with separate invitations to the tribes for discussions on the strategic planning and other efforts. So I know that is not the case in other areas, so I just encourage the tribes to continue to pound on those governors' doors to see what better efforts can be made. IHS has a planning guide that they prepared for pandemic that can also be obtained online.

Also each IHS regional office has a contact person to help with pandemic flu. Doctor Church also stated, he has also prepared a one page document listing the resources for pandemic flu planning and I believe that's also on the back table. The problems with the states, Mr. Kala I don't know Jack, Jack said, he urged us all to contact the Regional Director of HHS if we're having any problems with coordinating with the states. And he also asked that we make sure that we contact the Regional Director for the Emergency Coordination and the IHS Regional Director to assist in I guess getting the communications channels working a little bit more with the states. I know Region 5 at a meeting, Wisconsin again, had a very good representation from a state perspective at that Region 5 meeting.

The Michigan people and some of the other Minnesota people who noticed how well the state of Wisconsin people were

interacting were kind of embarrassed I believe. And some of the tribes did have a little bit more contact as a result. So those types of regional meetings I think are very helpful if you can get as many state representatives at those regional meetings. And we encourage HHS to continue holding those meetings and inviting all the state personnel. And that's all I have on the emergency preparedness and pandemic. Long term care, we talked about the challenges in providing long term care. The challenges being that there is a growing population of elderly, we're all aware of that, the baby boomers.

There's a general lack of funding again. But long term care is also about providing services for disabled. The services are more than nursing, it's a full range of services, including community based care, facility care, chore services and home care. In order to develop long term care services we require IHS, CMS, states and tribes to develop capacity, so that's important. And we need to look at long term care broadly. It's the entire healthcare of a community is long term care. I think some of the specific things mentioned, Val mentioned about needing to chop the wood for the elderly and maybe emptying the honey pot, having someone go and do that.

That's long term care need in some of the communities. We need to empower family communities to provide these services. Also, using tribal colleges to train for the care givers and then to continue to broaden the 638 contracts to support long

term care. The problem with the states is the states are not familiar with CMS regulations and especially waivers and the 100% FMAP. We've had those discussions in Wisconsin, we actually have a joint task force put together in Wisconsin of state representatives from the Department of Health and Family Services and tribal representatives. That task force is supposed to help us develop ways to work with CMS, believe it or not. The state of Wisconsin doesn't know how to work with CMS to get assistance for tribes.

They're familiar with waivers but they didn't know that working with the tribes they could get waivers and improve funding for both the tribe and the state. The states have the authority to establish their own provider types. If you have a good relationship with the state, then work with them to have them recognize a separate provider. I believe we've got PACE for one. I know in Wisconsin it's Family Care we're working on. CMS also has a weekly conference call with state Medicaid Directors and Dorothy Dupree wants to see if she can get one of those calls directed to Indians, to cover Indian health issues, especially long term care. And she also indicated that if you are having problems with state Medicaid Directors over the 100% FMAP issue, you can ask her to assist you in talking with those state Medicaid Directors.

CMS will prepare a pamphlet for the state Medicaid Directors on Indian health issues so that as we have turnover on

the state level, CMS will be able to provide the state person with some one-on-one type information to help them in their new job. And although CMS reimburses for services they only provide reimbursement for services at IHS facilities. And in order to get home and community based services funded we need to focus on services, and not facilities. This will probably have to be a legislative change again because I believe that facilities is in the MNA, the act itself. Then we also talked about the IHS effort, discussions about what continues, what constitutes long term care. For instance, an assisted living facility is not funded by IHS because it's by policy, but services for those in an assisted living facility can be funded.

And then there is the need for an expansion of the grant program providing assessment and capacity building for all the tribes. Long term care is going to be our next long term issue because of that being a boomer situation. We don't have numbers. I don't believe I've heard numbers nationwide of what it means in Indian Country. But I do know for Oneida in the next ten years we will quadruple our elderly population. And I think it's also a national statistic that as the population ages it's going back home to the reservation which is going to compound the problem on the reservations now.

They're not getting the services in the urban area to begin with, but now they're all going to come back to the reservation and expect even more. Thank you.

MR. KEEL: Thank you, Kathy. Mr. Shije.

MR. SHIJE: Thank you, Chairman Keel. Members of the federal agencies, distinguished tribal leaders and guests, my discussion this afternoon is around a matter which I feel probably is going to be the next war for us because we are fighting a war against this dreadful substance, and it's killing our people, it's killing our young people. At least in the old days and during times of war, when we went to war we fought against an adversary who was a living being.

We're fighting against something that has no life, has no cause to be alive, it has no reason to be around but just the same, it is.

The subject this afternoon I'm going to speak to is meth and suicide prevention. Throughout the past couple of days, you know, we've heard about testimonies, we've heard stories and some of the information that we've gathered regarding meth and suicide prevention is tribes have the lowest life expectancy. Two times more likely to commit suicide than the U.S. general population.

And to die before the age of 25. Tribes have the highest unemployment rates. Some tribes have little or no economic opportunity simply because they are located in isolated areas. And it's the cause of a lot of the ills that we see on our reservations because there is no job opportunities, there's no way of, you know, keeping our young people occupied instead of

having to do the things that they currently do today. We have some dismal statistics that follow our people.

Problems like meth abuse and suicide and along with it comes other ills such as behavior and health. It's a spinoff of everything else, behavior and health, you know, it leads us to family problems, alcohol abuse, child abuse and you name it and the list goes on.

Our problems are often multifaceted. This makes treatment very difficult. The severity of meth abuse and suicide is the norm, not the exception. We have to work with each other in our own traditional ways to address these problems and as tribes there's well over 500 of us and we have our own ways and means of doing it. But traditionally I think that's probably one way to tackle this problem.

Some of the needs, the needs are simple. In order to do anything, in order to alleviate the problem we've got to have resources, we've got to spend it, spend money to take care of the situation. In order to do that we have to seek funding to engage community members, funding to keep current programs open and to institute new programs. Facilities, we have to have facilities. If it's hospitals, fine.

Detention centers, but let's build detention centers not to house these individuals for a day or two and then let them go. Let's put them in and rehabilitate those individuals so that they don't come back and repeat the offenses anymore. We also

need training, staff training, medical and therapy care. Law enforcement becomes a major problem, especially in areas where there is, where you have a large land base and you have, you have limited law enforcement officers. So it makes it difficult for them to cover the reservation. Collaboration between federal agencies, tribes and states. Some state plans do not acknowledge tribes and those that try to, I believe sometimes we are our own worst enemies.

An example would be in New Mexico we had a legislator who was a non-Indian, submitted a bill with the assistance of the all-Indian council, and developed an Indian Healthcare Act for the state of New Mexico. This was to provide or allow the state to provide funding so that tribes can provide services to their members.

But because, I guess there was bickering between the tribal entities and the urban population, the House Floor did not pass the bill and the Governor said he would not support it until the tribes stopped fighting amongst each other. And hopefully we'll revisit that bill in the next session. But those are some of the things that we encounter.

Prevention and treatment. So many times tribes have to focus on immediate needs, treatment of patients. Sometimes we have to do it right away and instead we don't have the, seem to have the patience we need to take care of these individuals. And like I say, we need to house them in facilities and rehabilitate

these individuals. We also need to focus on prevention. They always say, if you're going to tackle something you've got to get to the root of things and get to the source, not downstream, let's do it upstream. We should have an economic assessment done to compare the cost of prevention versus treatment.

This is very simple, it's in order to better utilize the amount of funding, the very little monies that are currently available. If we can do that it would be the best for all of us. Before I get into recommendations and conclusion I jotted down some notes and I want to, before I start on these notes, if I say anything that, that may not be proper, please accept my apologies. You know, I guess we didn't expect this to happen, although back home we were forewarned that there would be a group of individuals not yet born that would do things such as what they're doing now. You have heard all the statistics today, yesterday, you've heard the stories about the members of, the three family members from Alaska and the situation there.

You've heard the story about Lieutenant Governor Warren and the deaths that occurred at the Pueblo Santa Clara, 13 deaths this year alone from substance abuse and meth abuse.

We also heard others who talked about the tragedies and you know we are never prepared to have, to hear such stories. Of course they are painfully truthful. Those words spoken are powerful, penetrating and deeply personal. You know, since time immemorial there has been good and evil in the hearts of men and

women. In each of us we have the seeds of kindness and the seeds of violence.

But we control the violence, and we can't do that when we're under the influence. When a tragedy occurs we must not let the deaths of our tribal members die in vain. When such tragedies occur we are quick to lay blame and point fingers at who may have caused such a painful tragedy. But the truth is it's not any one person sitting around this table or any one agency, the federal government or tribal. It could only be found in the hearts of those taking their lives. So we have to find a way to get to these hearts and save them.

Let's ask ourselves, why, why are our young tribal members taking their lives? Let's not label them as tragedies but as a spiritual event that could force us to, to look where the real blame is. They always say, things happen for a reason and maybe this is the reason why it's happening so that we as tribes become stronger once again, stronger nations once again. The blame could be any number of things. It could be the atmosphere on the reservation, it could be the atmosphere at home, in the school.

It could be peer pressure, it could be gang influence, financial issues at home, lack of guidance and support. Those are just a few that I've named and the list goes on. But it's sad and painful when we go out, out of ways as tribal leaders to do all that we can to save our members from all the ills

that is out there. It's sad but then when an individual makes up his mind that they're going to do something, they will do it.

And that's the reason why we need to get, get to the hearts of these young people before they commit suicide or before they do harm to other individuals. And it's going to be a hard task that, it's going to be real difficult because there are so many of them out there and they know, they know how to avoid the treatment that they so deserve. Some of the recommendations that were laid out were, we have to look at grant dollars. So many tribes are not getting enough to address the needs of the communities. We have to provide for culturally appropriate programs to address the occurring disorders.

We have to provide grant opportunities for high needs over high need areas and for small tribes, so we have to provide some type of service, and not just for big tribes, but for all tribes. In conclusion we have to reiterate that these problems are the norms in our communities and we must work together, we must collaborate on addressing these issues in our communities. You heard the testimony yesterday of the co-chairs of the budget group and we request that full funding be presented to the Administration. Make that request and I assure you the tribe, the tribal leaders throughout this country will be standing behind you and supporting you in encouraging the Congress and the Administration to fund the proposed budget. Thank you.

MR. KEEL: Thank you, Amadeo. I want to thank all the tribal leaders who have presented here. Before we break and continue on with the round table session this afternoon, there are a number of federal officials in the audience who have not been acknowledged. And so that we can see who you are and you acknowledge each other, it might be helpful if we would ask you to stand if you don't mind standing.

Those of you who are, who work in the different agencies in the federal government, whether it's CDC or IHS or wherever, if you're a federal official would you please stand and be recognized? I want to thank you for coming and thank you very much. As we do these, these consultation sessions it's often that we see you in the breakout sessions but we don't get a chance to hear from you individually because of the time constraints. And I want to tell you how much I personally appreciate your help and support in Indian Country and helping us to move things forward.

You've heard from the tribal leaders today, you've heard our pleas and our requests for assistance. We want to work with you in moving this nation forward. The tribal leaders here come from all over the country and we come here often to talk to the Federal officials and make sure that they understand what our needs are and that we're willing to work with you and help you. We simply ask that you be our voice when you sit at the table with the Secretary, with the cabinet officials and the other

agency officials who will ask for funding. We have to have an advocate in Washington, D.C. I believe that we've moved forward in the past couple of years, we've come a long way.

We still have a long way to go. We've never been adequately funded, we are still severely under funded in all areas of Indian Country. Not only in healthcare but every, every area of Indian Country is under funded. We've never been adequately funded.

So we ask for your help there. With this we have some other folks that have joined us. I'm going to ask my friend, Don Kashevaroff, if he would come and facilitate or moderate the next session of the round table session. Would you be willing to do that, Don? I'll put you on the spot here.

MR. KASHEVAROFF: Does that mean I can't speak?

MR. KEEL: It means you can't speak. I don't know that you could ever keep from speaking. But in the essence of time I want to appreciate and thank all of you for coming.

I have a plane to catch so I'm going to be moving out of here a little bit early. But I do want to thank all the tribal leaders and the federal officials, Jack, Mr. Secretary, thank you again for joining us. And we'll go ahead and continue to move on. We want to take just a couple of minutes while we kind of get rescheduled or whatever or resettled, we might do that, and then we'll move forward. Thank you.

MR. JOSEPH: Jefferson, just before you leave I want

something to keep on your mind, and before other people leave, I just got a call from a young lady who's attending Washington State University, and our service unit is not able to help her right now and she's sick. And I think that with the insufficient funding we can't even send our college kids away without them having some kind of help. And so if there's anything that can be done for our college kids, it needs to be. Thank you.

MS. ALLISON-RAY: Mr. Keel, if you would honor me with a picture of the panel up there before you leave. I just want to let my council and my community members know who I am talking to and I wanted to do that before you left, if you don't mind.

MR. KEEL: Okay, that would be great, let me get my clothes on.

(WHEREUPON, there was a recess).

MR. KASHEVAROFF: Can you grab your seat please. Can you take your seats? We have found a pair of glasses. If you see anybody stumbling into walls, we have their glasses. If you see some folks out in the hall tell them to come back in. Can I have all conversations can anybody in the back hear me.

SPEAKER: Not too well.

MR. KASHEVAROFF: No, you can't hear me? If everybody would be quiet you might be able to hear me. Thank you. We really need to get going because we're on a tight schedule and this is the portion that a lot of folks have been waiting for, the round table where we have a lot of the leadership of HHS up here in

front and our tribal delegates and we get to solve some problems.

I'm going to turn it over to Charlie Johnson to do some introductions.

MR. JOHNSON: Thank you, Don. I'll get my microphone on, thank you, Don. Thank you tribal leaders. We've had a very good day.

We have our Chief of Staff on his way, he will be along shortly but let me introduce the rest of the group. Now Eric was here a moment ago, Eric Hargan you met yesterday, he's our Deputy. Jerry Regier on my far left. Would you raise your hand, Jerry. Jerry is an Assistant Secretary over our ASPE and involved in our Secretary's Budget Council. Rick Campanelli to my immediate left is a Counselor to the Secretary. To my right, Laura, if you would raise your hand, Laura Ott. She represents legislation for the Department. And so the re-authorization of your Bill would come under Laura's jurisdiction. Rick, I mean Rich McKeown will be along shortly and you've met Eric Hargan. I want to let you know, the tribal leaders to know, that this is the group that will make the final recommendations to the Secretary. The way the process will work, we will send guidance out, in fact it will be forthcoming within a week, to all of our agencies, the agencies you've heard today in the breakout sessions.

And they will then present to us sometime in June and July.

Then toward the end of July this group will sit in on all of these presentations. In fact I would say that this is basically the first of those presentations. Rich McKeown is our Chief of Staff, the Chief of Staff to Secretary Leavitt. Thank you, Rich, for coming. And then in July, the end of July we will formulate the budget request.

The Secretary will make the final decisions and then it goes to OMB. At that point in time then it's back and forth between HHS and OMB. But just so you know, that this is a very powerful budget council that you will be hearing and interacting with today. I thought I would just summarize for the Council some of things that we've heard, just to give you a quick overview and then we'll engage. The tribal leaders have discussed several things. Lack of resources is of course the biggest single thing.

Yesterday we had a presentation that the priorities for the coming year, for 2009, will total $781 million. And at each of your seats I have left for you a copy of those priorities. That, as far as priorities, they listed five priorities, diabetes, cancer, heart disease, alcohol and substance abuse and mental health. And extensive discussions held on lack of resources. This almost $800 million would be about a 20% increase, so it's a very substantial increase. But if you look at real needs and a real gap, it is of course much larger than that as was pointed out. Keeping up with inflation, although we attempt to keep up

with normal inflation, health inflation has been running much higher than that.

We talked about some of the behavioral issues. A very stirring discussion yesterday and I got in on the end of this today, about some of the things that have happened with substance abuse and with suicides and the damage that's being done in Indian Country to some of our youth. So we had what I consider a very emotional discussion yesterday that touched all of us who were here. We have talked about some of the things that would be maybe best practices, some things that we could do differently, even if we did not have all of the resources. An example was contract health services. The fact that we have to spend more money for our contract health services than other providers, higher than Medicare would pay and Medicaid would pay.

And there's a simple fix to that, but we need to get this rule over to OMB and get it through so that in contract health services we pay at the same low rates that Medicare or Medicaid would pay. That's a way to make our dollars stretch farther. And it's signing some papers and getting it done. But they've asked us to shorten that time period from the 90 day period of usual review.

And it seems to me like that's a no-brainer, that we ought to get that done. And everybody here is shaking their head and saying, yes, we need to get that done. And we talked about some

of the, some of the tribes gave some examples of things they're doing in their own tribal areas, in best practices. And I think the other good thing that comes out of this is we get different ideas, and not just from the issues that we have, but issues that relate to each and every tribe and they get ideas from each other. We talked about self-determination and going through states. Part of the issue is on grants or the other issues that go through states, whether or not the tribes are given consideration.

And there is some concern about that. And we've talked about that a lot in some of our other meetings about going through now every grant process and looking where there is a, where it says, states and tribes or where it says, states only, and try to identify, focus in better on some of these grants. So there are monetary things that we have looked at, but there are just sometimes some other kinds of fixes that we can use to make our money go farther. I would say to all of our Council members, some of you have been in Indian Country, I know Eric was in Alaska last year. I have been there, I would encourage all of us to get a trip scheduled to Indian Country.

I'm going to go again this year and I hope all of you will look at that. You really see the commitment and the passion of not only tribal leaders but healthcare workers. And you just can't see it anyplace else. I mean you only see it by going out and looking.

And as I travel that struck me. Again, the losses in, of our youth, the losses of younger people has been pointed out more than once and it's something we need to look at. And I mentioned the increased flexibility.

From this point on I think what we'd like to do, I've tried to give just a brief summary of some of the issues that I saw. This is your opportunity, you tribal leaders, to talk to the Secretary's Budget Council. It's an opportunity for the Secretary's Budget Council to give any observations that they have. So let me open it up then to the tribal leaders if I may.

MR. MOORE: Yes Mr. Johnson, thank you again. My blood pressure is down considerably from yesterday afternoon so that means we're good. I appreciate your crystallizing what your observations are already because it, it speaks to us, to me at least and to those of us who tried, your genuine interest in what we're trying to convey. And so I appreciate that very, very much. And I know that yesterday's conversation was both heightened in heat and emotion and certainly one that had to happen and it happened all on its own, which is I think part of the power of those ancestors who travel with us. And we know that they're watching us.

But I have two things. One, if you could, as the Budget Council, encourage that Indian issues be considered a top priority in your call letters to all the agencies regarding budget requests. I think that that might help us in some of the

other issues that we're talking about, where it is difficult for you as politically appointed leadership to be contrary to what maybe the President might request in his budget. Such as not fully being able to commit yesterday afternoon to supporting the request for the $781 million.

We understand that. But it might be of benefit to you as well as all of us to ask that they make Indian issues a real priority in their budget requests in your call letters. Then secondly, I can't speak enough either as the Rosebud Sioux Tribe represented here today, about this issue with the states. We, if it's, whether it's an internal policy or a statutorily mandated states will consult the tribes, it really doesn't mean anything to us in South Dakota.

As an example, we had a discussion earlier today about emergency preparedness. The Oglala Sioux Tribe experienced in 1999 a significant tornado, it killed one person, devastated an entire community, wiped an entire community off the reservation and it ended up being a $24 million disaster, signed into a declaration by President Bush. Subsequently, subsequently the state then received post mitigation dollars that are tied to Fund Code 6 resources, disaster dollars that go into the state to allow them to do other mitigation projects. The state received that money because the state is the one that by law right now statutorily has to request the declaration.

They only gave the tribe, out of several millions of

dollars that came to the state for mitigation dollars, they only gave the Oglala Sioux Tribe $95,000 to put in shelters, underground, half underground shelters, storm shelters in the event of another tornado. And I happened to work for FEMA at the time, I sat in on some of those conversations where the state said, we will not give you one more dime. If you're over budget of $95,000, you're out of luck. But we're going to go ahead and take the other $2 million that came with this disaster and put it all over the rest of the state.

That's the kind of relationship that South Dakota has with our state, or our tribes have with the state of South Dakota. So I think it's really important that this issue stay kind of in the conversation about grants that go to the states in which they have to either consult with the state, or with the tribes, or if they're intended specifically for the tribes through the state. Because I can guarantee you that while the state may not count us as their citizenship, although we are, they will sure count us when they're requesting money from the federal government, and say, you know, we serve 70,000 Indians in the state of South Dakota, which is a lie. So we can't emphasize that point enough. But those are the two things that I have from the Rosebud Sioux Tribe. Thank you very much.

MR. JOHNSON: While we're waiting for the next question I'd like to ask my Principal Deputy, Tom Reilly, to come up also and be seated at the table if you would, Tom. This is a gentleman

you should know because he's actively involved in the budget process and he probably knows budgets backward and forward better than I will ever, well he does know it better than I will ever know it but he's a good man to know. So other comments. I would like to ask Rich McKeown, I mentioned, Rich, the Secretary's on travel but had, when we talked with him last Friday he had wanted to express his support and maybe you could just talk in behalf of the Secretary for one moment.

MR. MCKEOWN: I would be happy to. Actually, I had a chance to talk with the Secretary and he wanted me personally to express his appreciation for your willingness to come to this consultation to engage in the dialog that has occurred.

The reports that we've gotten is that it has been straightforward, that it has been an open, transparent dialog that has been exceedingly productive. I think the word that we have is that your messages have been heard and that people are wrestling with all of the issues that we all do on an annual basis. But we welcome you here. Here is most appreciative of the contributions that you've made to this and we acknowledge the work, especially I think that Charlie Johnson and Jack Kalavritinos and Chuck Grim have engaged in this consultation and we really appreciate their willingness to step forward and to have this dialog and report to us on it.

And I just want you to know that it looks to me like the evolution of this is that it has become over the course of time

a richer and more productive consultation year by year. And I think people look forward to the opportunity to have it. So we appreciate you're being here and the Secretary wanted me again to express his appreciation for your input. And we came to listen in this session, not necessarily to give speeches so

MR. JOSEPH: Good afternoon. My Indian name is Badger and my English name is Andrew Joseph, Jr. I'm Chair of the Health and Human Services Committee for the Colville Tribal Business Council.

Also I'm the Vice-Chair for the Northwest Portland Area Indian Health Board. There, I'm glad that each of you are going to be helping to bring this budget to the President and his staff. As I stated earlier, the Northwest Affiliated Tribes passed a resolution asking that a tribal leader from the NCAI, a tribal leader from the National Indian Health Board, a tribal leader from self-governance and a tribal leader from the Direct Service Tribes be at that table with you when you present this budget. And another request that I would like to see, because of this inhumane funding that IHS has had over the years and the drop in funding per capita wise per each tribal member, I'd like to see you guys address this as an emergency crisis situation, as similar as to what you do when Hurricane Katrina happened.

We need a real serious boost in IHS. Our children should not have to witness so many deaths. It's not only the suicides and the alcohol and drugs, but there's cancer and diabetes and

all of the other sicknesses that our people are suffering. And Doctor Grim could testify on that behalf.

I showed him emails I get from my enrollment department. This last week my tribe, we put away four people. And I think the last meeting I met with them there was four that week and on the same day after I'd left and there was another one. And, you know, our children shouldn't have to see that. And young parents shouldn't have to see their children suffer.

I just made a comment about getting a phone call from one of our college students. We're trying to make our country better by getting educated and move forward in our lives and our service even won't give her any healthcare because she chose to go to a college that's a little over 100 miles away. But it's a good college, Washington State University. You know, we need to allow our children to have the best coverage ever, no matter where they are in this state and country. We had another college student in New Mexico that couldn't been seen down there.

So anyway, and one more request is to, if there's any recessions I really would ask you to make them exempt all of our tribal programs because we can't afford to be cutting more because of the increases and enough to keep up with the cost of medicine and what the doctors provide. Thank you.

MR. JOHNSON: Thank you.

MR. SHIJE: Thank you, Mr. Johnson. My talk is going to be geared around the hospitals that are in Albuquerque and Sante

Fe. As you well know we have in the past had a couple of full blown hospitals that had emergency care services, urgent care and inpatient/outpatient services at both hospitals.

And because of funding they've been downsized to basically just clinics and in some cases pulling only specific hours and not taking in patients unless you have an appointment. I would ask of the agencies to be supportive if the tribes come up with what we would like to think an innovative plan to do some kind of a joint venture between the tribes and the Indian Health Service to possibly construct a new facility and have maybe the Indian Health Service assist in staffing and equipping the hospital and let the tribes do the rest.

What I'm saying is maybe possibly a 638, maybe possibly one or two properties. I think it's something that we have been talking about in New Mexico, the Pueblos have been talking about is doing something along that line because it's certainly affecting some of the tribes. Not only in the city of Albuquerque, but some of the surrounding areas where now the patients in the urban population are going out to those clinics in the surrounding areas and it's depleting their resources. And when it depletes their resources then it's almost like a trickling effect, the same thing happens to those clinics in the hospital where they have to downsize and cut back on services because there are no fundings, there's no more money that's available.

And so, you know, please be receptive when something like this comes in and I think it will be presented to the government here in the future, in the near future. The other thing also was over 50 years ago where the current hospital sits there's a property that extends out onto the University of New Mexico campus, now it does, but there was a time when the Indian Health Service was going to construct a health facility, but with an agreement with the county, Bernalillo County in Albuquerque they agreed to build a hospital where the Indian Health Service gave so much money to assist in construction of the hospital. So, as a result of that there was a federal contract that was initiated between the County and the all-Indian Pueblo Council of the Indian Health Service. Well, 50 years has come, 50 years have gone and there have been some changes that have been made to the contract.

The land that once belonged is no longer there, the lease has been donated to the County so, you know, we don't have any say so, but the agreement just the same is there. Now the University for the hospital is somewhat being receptive, not being receptive in providing services to the indigent or Native American population within the County.

And we need to get back to that. So we need to ask that you direct the Director in the Albuquerque area to be more responsive and aggressive when it comes to answering some of the concerns that the tribes in the region have. Albuquerque has a

population of well over 50,000 urban individuals and that's a lot of individuals to be providing services, especially when you don't have a hospital or a clinic that's up and running on a full time basis. So, that would be my request.

MR. KASHEVAROFF: Thank you.

MR. JONES: My name is Willie Jones and I'm the Vice-Chairman for the Lummi Tribe and I've been on the Tribal Council for 30 years and I've seen a lot of changes, and a lot of them for the worse. We had our people dying at a young age, our Indian people.

And today I have to say that they're dying at even a younger age, the drugs and alcohol. And that hurts me really deeply. Our elders are living a little longer but now our kids are dying. And I'm really concerned about them.

I guess I'd like to first of all thank the Council for hearing us and I feel this is real consultation, this is good consultation. But I'd like to say that the state and the tribes have completely different problems with the same issues. They're different. Our tribal problems are diabetes and cancer and mental health, they're different as night and day.

And when the money goes through the state, the rules and regulations of the state usually try to go with it. In other words we have to spend like the state. So I'd like to have our problems considered as unique problems. Unique Indian problems. And the solutions handled that way.

And so I'm really for looking at the possibility of block grants. I like what you said earlier about using the money that we do have in a better way. We have to figure better ways of getting that money to the uniqueness of the Indian tribes. And I think if we continue these talks that'll eventually happen. But what we're dealing with now, I think some of these things were coming out 20 years ago and we didn't address them on the front end.

We're addressing it on the back end and it's going to be a lot more expensive because we still have to go back and try to address it on the front end with education and prevention. So I want to really point out that it's going to be more expensive now because we're dealing with both ends, we're dealing with it after the fact and we still have to deal with prevention. And I'm really hurt because I'm hearing stories that were actually more horrible than what's happening at home across this country with our young people. When I went to CMS I said a prayer there, I said I was in a canoe and I wanted everybody to be in that canoe with me and grab a paddle because we all have to work together.

We have to set a common goal, a common vision of healing for our Indian communities and it's going to take the agencies and the tribal leaders and the tribes working together. Because this is, a lot of it to me is after the fact now and we have to pay for it somehow. And so I'm just urging us to work together

and we need to figure out better ways to use the money that we do have, at the same time asking for more money. So that's all I have to say, thank you.

MS. BECKWITH: Hi, good afternoon. Again, my name is Gina Beckwith from the Port Gamble S'Klallam Tribe. Mr. Johnson said this group makes recommendations.

I respectfully request that you recommend the increase in Head Start funding to the 4%. I would like to personally extend an invitation to each and every one of you to come visit the Port Gamble S'Klallam Tribe. We operate several programs within ACF. We receive direct IV-E child support enforcement funding, IV-A TANF funding and we've recently negotiated an agreement with the state of Washington, so we have our share of foster care funding, IV-E. And I think we're one of the few tribes that operates all three of these programs and when the legislative authority comes down, hopefully for the tribes to directly operate IV-E, we will move in that direction.

But, you know, child support helps augment and save TANF dollars and foster care helps augment and save TANF dollars. And we've really taken the resources and have extended them as far as we can. We have some good support for our children because we're real progressive and innovative with our funding. But when we look at Head Start there is the federal mandate that Head Start employees have specialized training in urban childhood, yet that mandate is unfunded.

One of my friends that lives across the street was hired as a cook, but she's also the bus driver and now she's learning to do budget. She wears three hats and she told me, I love my job, Gina, but I wish I could just do one job again. It's hard to maintain staff in Head Start when you can't pay them, yet you require them to obtain their certifications, they can't. You have to find ways to increase their cost of living, but it's not substantial.

And I think we all know that investing in kids at the young age is the best way to work with prevention type issues and what not. Anyway, so that would be my request for this committee's recommendation and if you want to come and see the beautiful northwest Washington, we're over in Kingston across the ferry from Seattle where it's gorgeous. We'll show you how we've made our dollars work for us and show you how your recommendations can even work harder for us. Thank you.

MR. JOHNSON: I'm going to ask Don to speak but before he does I want to make this point which you've been making. And that is this is more than just Indian Health Service when we're dealing with budgets.

This is, this will be all budgets and I think that point has been well made and that's an important thing for our Secretary's Budget Council to hear.

Now I know some of you have airplanes to catch. I also have an airplane to catch and I'll be leaving in just a few

minutes, but I know others can stay. But Don, I'd like to hear from you next.

MR. KASHEVAROFF: Good, I'm glad I got in on it. Jefferson made me sit up here. And I'm glad you made the point. It is not IHS. The promises to Indians were not made by IHS, they were made by past Presidents of the United States.

And as far as Indians are concerned we don't care where the help comes form, we just need the help and we need the promises to be upheld. Let me, I know a lot of you know these, I'm going to run through some stats here real quick. Last year some of us were pushing for a round table discussion with the idea that you're the smart folks at HHS, you have the solutions, we have the problems and we want to try to share our problems with you so you guys can tell us what the solutions are. Statistics, Indians have the worst health rate of any other race.

Heart disease, we have 20% higher than the U.S. average. Diabetes, we're four times higher than the U.S. average. Chronic liver disease, seven times higher than the average. Injuries and poisoning, two and a half times the average. Accidents, three times the average. Infant mortality, two and a half times the U.S. average. If you're born Indian then you have two and a half times greater chance of dying as an infant than you do if you're born as just a normal U.S. person.

Alcoholism is at seven times higher. Suicides, double.

Homicides, double. It goes on and on and on. We have the health conditions. We're under the promise of the United States government to provide us healthcare and it kind of falls on the HHS on how to do that. We have some ideas on solutions. We've asked for the Indian Health Service budget to be increased by $800 million. We've asked for a lot of block grants that go to the states be modified so the tribes can access them. We've been pushing something called expanding self-governance throughout HHS and that means that those Indian tribes that have, went 638 have been able to take a little bit of resources and expand upon them, improve their services.

We've been asking, and HHS did their own report a number of years ago that said that it was feasible to do it and we've asked that HHS get involved in that and look at that as a way to take scarce resources and expand the services and expand what we have. But I'm really curious because I know you guys are all here because you're extremely brilliant, otherwise you wouldn't be here. How do you guys see us solving these problems? These are problems we live with, you don't have to live with but I think the voters of this country elected President Bush and he selected you guys to take of the issues that are before the nation and these folks here feel this is the biggest issue.

Promises were made. We're sitting there waiting and we want to know how you guys would handle this. Or is there anything you can do? I'm sure there must be something and maybe

it's something that we haven't even thought of that you'll come up with. Maybe it's more money, maybe it's not, maybe it's just new ways of doing business. And I'm hoping that this group here, I guess you can't think about it now but sit back one night when you guys are having dinner together and bring this up and say, how could we solve those issues? Those alcoholism rates are huge, suicide rates are huge, diabetes is huge.

How could we maybe tackle that? Because what you do here in the last eighteen months or two years or however long President Bush has before you guys may still be here and you may not be here, what you do here will impact the folks in the room for a long time. If you do nothing we'll feel it for a long time. If you're able to come up with some great ideas, it will help out a lot of people and save a lot of lives.

MR. JOHNSON: Okay, let me get one, at least one response because you come in and meet with us and you wonder well, is that it? I mean I've been here two days and now what happens? I can tell you that in the time I've been here and attending these and then watching the subsequent meetings, the number of times that we now consciously say, but what about the Indians? You know, what about the Alaska Natives? And what about that group? So it is now built into our discussion and so you are making a difference, you're making us conscious and that is the first step in finding solutions. Because we're working on a lot of problems, but if we always then insert the needs of the people

that are represented here, then that's a step forward.

So it is working. How many more would like to speak today? I'd like to see it by a show of hands. It looks like four or five more and we have a few more minutes. So I do have to leave, I can see my assistant waving to me that the plane's leaving.

But Don, would you mind coming up here and then obviously any of the Secretary's Budget Council can respond. Thank you.

MR. KASHEVAROFF: Okay, Linda you have your hand up.

MS. HOLT: Thanks, Don. I just wanted to make the offer that my relative from Port Gamble made and that is to bring you out to see Washington. We're ten miles away from the Port Gamble reservation so you could come out and spend two days and you can get two reservations for the price of one. Come out and visit us, I just offer that invitation also to come and spend some time with the Suquamish.

The concern that I've heard most in the last day and a half is the block grants for states. And tribes are suffering in amazing numbers and not getting money that has been allocated to states, yet they continue to use our tribal numbers to receive that funding. And so we really ask that you take those block grants from the state and start directing that money directly to the tribes. And in every agency that has block grants to states, they should be given to tribes. And every grant that you're funding that states are eligible for, you need to put tribes on that eligibility also.

Tribes should be able to compete for any grant the states can compete for. And I want every federal agency to include tribes in those grant announcements. Mr. Joseph brought up an interesting aspect of healthcare for college students. I just want to reiterate his comment and give my support for that. We need to educate our children. This is what's going to bring us up and this is what's going to further our culture and our history is our children.

That's what we live and that's what we work for, is our children. And so I would like Doctor Grim to find a solution to that problem for direct service tribes, that when they send their kids to school that their health coverage goes with them. And maybe it takes a cooperative agreement with the nearest IHS facility where those kids are going but that's something to be done to cover these kids so they don't have to leave home and worry about getting sick while they're away. So I would like to ask you, Doctor Grim, to look into that and to let us know what you can do in that area. One of the biggest problems that we're facing in Indian Country is the meth epidemic.

We're facing this in all aspects. Our substance abuse programs are being overwhelmed with this epidemic. And we're not getting the support that we need to have for this. We're expecting substance abuse programs to handle an addiction that doesn't even come close to alcohol and any other drug that's out there. But yet we're expected to handle this with the

substance abuse programs and money that we have.

It's being proven now that it's taking much longer to just detox a meth addict. That's six months. But yet Medicaid will only cover 90 days for this. We need to work with CMS to get this changed also, that for a meth addict that Medicaid will cover the time it takes to treat a meth addict. But we need to get more coverage for IHS also to support and increase funding for substance abuse programs. We need to get some more money into IHS' budget for substance abuse.

They're not getting any increases, they're stagnant at where they're at for substance abuse treatment. So we need to increase the IHS budget for substance abuse. There needs to be a large increase there. I'd like to see more collaboration of all federal agencies and I'm really thankful, I just came here from Mystic Lake in Minnesota and attended the Department of Justice, SAMHSA and BIA conference that is going on there. And I just was so happy that that has been done, that Ms. Scofield and Doctor Broderick and BIA, I'm sorry, have brought this all together.

But I'd like to see more of this. I'd like to see IHS step into this, I'd like to see CMS step into this. There are more federal partners that could be joining this table and working with tribes to come up with solutions for the funding that we have. And you know, we've heard that quite a bit from our federal officials that we need to work with the funding that we have.

Well let's do that, let's do a collaboration and start finding innovative ways that we can meet those needs there. I'd like to support Mr. Kashevaroff's remark also about expanding the self-governance programs. Again I'd like to reiterate that, you know, we have a good track history of managing our money and operating our programs on the shoestrings that we have, and that tribes can take a little bit and stretch it a long, long way. So I would like support for expanding the self-governance programs.

I further like the idea of the joint venture for the hospital. I think that's a very good idea to have tribes. Tribes can, with a little bit of planning, come up with money to build facilities but we can't staff them. And so I think that I would like you to really seriously consider that, that proposition. And with the facilities money the way it is right now I think that this is the only way we're going to get facilities built in Indian Country. So I would like that taken into consideration also. Thank you.

MR. KASHEVAROFF: Thanks. Yes, Jack will have a response.

MR. KALAVRITINOS: Just very, very briefly to one of your points. And I'm very glad that you mentioned the SAMHSA/DOJ effort because that is HHS working very closely with our federal partners, DOJ in particular.

So we're very pleased that those have been set up around the country. And also Doctor Grim and I, we've talked about since other sections of HHS obviously worked very closely on

this issue. IHS and we have talked about CDC, and what they are doing, that we really should convene SAMHSA, IHS and CDC together since that is one of the perfect examples of a crosscutting issue.

MR. KASHEVAROFF: Okay, thanks. We've got four minutes max per person.

MR. GAIASHKIBOS: You know I like that when I get an opportunity to speak you say there's four minutes. I want to thank you for this opportunity. I'm a day late and sixty-eight cents short. But before I left Lac Courte Oreilles, my name is Gaiashkobos, I'm a Council Member of Lac Courte Oreilles and also a member of the TAB advisory group, the Bemidji area, I'm representing Bemidji. I saw an old man before I left and he said, where are you going? And I told him I was going to Washington, D.C. to be a part of the budget formulation and make a presentation before the officials within HHS and IHS and the federal government OMB, and also to go before Doctor Grim.

And he said, it sounds that way to me. So I think what he was referring to, it sounded grim. The Bemidji area needs equity funded and the Bemidji area is funded at a 43% disparity index rate and there's 35 federally recognized tribes in the Bemidji area. And LCO, my tribe is funded at 32% of the federal disparity index.

So what does that mean in dollars and cents? That means thirty-two cents of every dollar that we get goes for our

healthcare, but there's sixty- eight cents of every dollar that we have to come up with. It's an unfunded mandate by Congress here. There is a responsibility that when we signed those treaties it wasn't with the Indian Health Service, there was no Indian Health Service. That treaty was signed between the tribes of the United States, the principals, the heads of government with the federal government.

The promise was, for our lands that were stolen, that were taken.

Up in my area that means the copper range, the iron range up in Minnesota. They're still extracting ore out of there. And we paid for our health. We have a pre-funded, prepaid health plan and that's administered through the Indian Health Service and we need an increase. You know, the whole system is being bankrupt. Just this year I've been showing this paper around, a bitter pill, a bad year forces the Omaha Tribe to give up its contract health service program.

And then we're going in debt. And every tribe across this country is in a similar situation. When I ask for healthcare or disparity and ask for equity funding, I'm not asking you to take funds from a tribe that's funded at a 120% funded level. I'm not asking that. I'm not trying to be divisive. I'm saying, bring us all up to equity, at least to the minimum of the 60% and we still have to scrabble and find the other forty cents to pay the difference. Just this year, just right now I sat in as part of

the negotiation teams with St. Mary's Hospital in Duluth, Minnesota and they said we owed close to $1 million, close to $1 million.

And so the tribe had to scramble, our tribal members are being sued. Their credit rating is down into nothing. And so these are real life issues that our people face every day. A helicopter ride from Hayward Hospital in Northern Wisconsin to Duluth costs an average of $10,000, $10,000 for life support to go to a major hospital, to a trauma center. That's what it costs us. And also, numerous people, numerous tribal members in the area that we take care of, members of other tribes and other tribes are denying our members contract healthcare services. Yet we're picking up that cost.

Indian Health Service is not paying that. You pay the first we have to pay the first $25,000 for catastrophic and if it goes up to $50,000 then you'll chip in the other $25,000. We're already out that with a limited budget. We support the $800 million. Please put that in our budget. You know, that's our request across the board. We also believe that wellness centers is the answer.

And what I mean by that is, if you take a look at Chocopee's Wellness Center, the health facility, that is state of the art. If we have these things throughout Indian Country we'll have a generation of healthy tribal people, another generation from now with the young kids if we teach them proper

diet and proper exercise and a holistic way of health to go back to the way we once were. We'd also like to push, the National Congress needs to step up to the plate and we need to push to get the IHS Director's position into a Secretarial level position. Because we know that your hands are tied. I wasn't here for the first day but we said, you go to bat for us and we'll stand behind you. We'll stand behind you as well.

But we know your hands are tied as political appointees. But at the Secretarial level you'll be able to sit at that table as full partners and advocate for Indian Country and help for Indian people across this country. The last thing I just want to say is that I think I've used up just about all my time, is that Indian Country is looking to you for these solutions and to help us and to hear us. That's all we want to make sure that we're heard and that we're not coming here to Washington, D.C. for nothing. There's people out there that are dependent on the people here that are sitting at this table here to carry the message for them. Thank you very much.

MR. KASHEVAROFF: I don't know, are you guys, are you staying past 4:00? Are you guys all staying past 4:00? Okay, good. Yeah, and some of these folks are going to be leaving in four minutes so I'd respectfully ask the folks to try and keep it short. Leo?

MR. STEWART: I'm Leo Stewart, ViceChairman of the Confederated Tribes of the Umatilla Indian Reservation and I

want to thank you for being here today. And we do support whatever things that we can work out together, because you know, there's a lot of trust responsibility that is left, left by the government to help us to resolve all these problems that we have in Indian Country.

Mine is short and it's going to be about collaborations between the VA and IHS, because one of things is the resources that are coming from our tribal governments for our veterans that are utilizing our system, how we can get this coordinated to work with the VA and IHS. Because this would help eliminate some of the resources that's being taken from us and that would really help out if we could come to a solution there. And a lot of the VA personnel are getting billed for a lot of things that the hospitals have not been able to take care of at this time. So that's what I would like to talk about and see what you can come up with for our veterans. Thanks.

MR. KASHEVAROFF: Thank you, Leo. More discussion? Ms. Davidson.

MS. DAVIDSON: I think the point has been made a lot over the last several days. I should introduce myself. My name is Valerie Davidson and I serve as the Chair of the Tribal Technical Advisory Group to CMS and I also recently had the pleasure of serving with Jerry on the Medicaid Commission. He was a voting member, I was a nonvoting member.

I think there's been a lot of discussion about the federal

trust responsibility and I'm not going to go into that and I think I want to speak a little bit more globally that we know that it takes all of us. I mean it's a group effort just to be able to make some headway on the health disparities that are experienced by American Indians and Alaska Natives. It takes the President, the Congress, tribes, the Secretary, the states and every single person in this room, doing their part and doing the heavy lifting to be able to, to be able to address those health disparities and make some headway. We know that as healthcare reform shakes out in this country, because American Indian and Alaska Native people are disproportionately eligible for Medicaid because we have some of the highest poverty rates, we have some of lowest unemployment in the country, in some of our villages our unemployment rates are 75%. And an income of one person can provide food for fifteen people in that person's extended family, if not more.

That we know that as healthcare resources get squeezed, that we're going to feel the impact more than any other group in this country. And the reason is pretty simple. When our tribal members do finally get the healthcare that we need, we have traveled farther with money that we don't have. We have, we go to hospitals, we're sicker than the average person because of those health disparities that we know exist and we're seen in facilities that aren't funded even at the level that federal prisoners receive. Our healthcare facilities receive some of the

lowest reimbursement of any other, any other health clinic or hospital in the country.

There are however successes that have been made. Sometimes when agencies reach across to be able to help each other or there should be, there are potentials for success I should say. An example of this is Medicare like rates which was passed through the Medicare Modernization Act which was supposed to be finalized three years ago. I think two years ago, going on three years or two and a half years, two years and nine months, I'm not sure, it's a really long time. And that was a mandate by Congress.

And that $1 million dollars that you were talking about negotiating with St. Mary's Hospital, I'm guessing that those are contract health dollars. The Medicare like rates would require hospitals who treat IHS patients through the Contract Health System to be limited to a rate that Medicare would pay, the Medicare like rate. And we really need that to be passed. We estimate that probably $75 million to $100 million has been spent of federal resources, taxpayer dollars of which we all contribute to, to be able to pay private hospitals rather than enacting a law that, enacting a reg, finalizing a regulation required by law which would have helped our healthcare dollars stretch farther.

$100 million of savings that could have been realized to the programs across Indian Country that desperately need as many

resources as possible. That's one issue. Please get the Medicare like rates rule down, out the door. We know that OMB has up to 90 days to be able to review but guess what? I bet it doesn't take them 90 days if it actually saves the federal government money. So I'm guessing that if somebody put heck, if all of you could just call a friend or two that you know at OMB and say, you know, is it really going to take 90 days? Let's go for 30 days. You would make a significant impact on the, in the delivery of healthcare for American Indians and Alaska Natives as well as the programs that provide that care.

The other piece I wanted to talk a little bit about is, some of the great opportunities that we have working together, require a change in the way that we've always done business. And some of those changes are incorporated in the Indian Healthcare Improvement Act. And sometimes when we're meeting to work out some of these issues we hear things like, well, that's going to require a change in the legislation. Well one thing I've noticed is that sometimes when somebody really, really wants to do something it's amazing how much can be accomplished administratively. But sometimes there really is a change in the law required.

And so we're told, you need to talk to Congress to be able to get those things changed. Well after a lot of work, eight years of effort in the American Indian and Alaska Native community, people have put together a comprehensive Indian

Healthcare Improvement Act Re-Authorization that really modernizes the way that we provide healthcare. And we've been told for years, you need a change in the legislation, yet in the final days of Congress, just looking at the administrative, Administration's official or unofficial response to the legislation, there were many cases in which was saw the comment was, does not require a change in legislation, can be, it's already authorized in law. And all that we ask is that, you know, we're willing to do the heavy lifting and the hard work, I mean we're American Indian and Alaska Native people, that's what we do.

We do that every day just by being alive. And we're willing to do the hard work and the heavy lifting, but we have to be able to have an honest discussion about what the objections are, and to be able to sit down and talk friend to friend and person to person about what the issues really are. It, it's unacceptable that we have a negotiation with members of Congress who are also talking to members of the Administration, but we never actually have, are able to have a conversation among ourselves. And sometimes it feels like we don't know whether, some of that information is being filtered by the Congressional staff. And maybe there's an opportunity to be able to work together one on one to be able to resolve some of those issues.

All that we ask is that we have an opportunity to have an honest discussion among ourselves. We can have it behind closed

doors, we can have it behind open doors, we can have it in the middle of the desert or in the middle of a frozen lake somewhere. We don't really care where it is but wherever it's possible to have that discussion we would appreciate the opportunity of having that discussion so that we can have meaningful change and modernized healthcare so we can finally address those health disparities. At the end of the day, if an individual American Indian and Alaska Native cannot access the healthcare services that we know that they're entitled to, cannot access Medicare and Medicaid and SCHIP that we know that they're entitled to, then at the end of the day we have collectively failed miserably.

We've come too far and we've struggled too long and too hard for any of us at this table to allow that to happen. And so I implore you, please help us get to where we really need to be to be able to make a difference in American Indians and Alaska Natives in healthcare.

MR. KASHEVAROFF: Okay, thank you, Valerie. I thank the Acting Deputy Secretary Hargan for being here and he has some comments.

MR. HARGAN: Well it's good to see you again. We met in Alaska the year before last so it's good to see you again. And also I wanted to thank you for being on the Medicaid Commission. It's a high priority for the Secretary and I think it's a good example of a program that we have where it touches

every American to make sure that there are tribal representatives on that and to provide your unique perspective on the program to make sure that your voice is heard in a program that, like many of ours that are administered that touch everyone.

And I'd like to thank all of you for being here. I have to go now but I know, I look forward, I know we're going to be continuing this dialog. I look at this as just sort of like a node, you know, a single node in a long year round every year process of us talking to each other, consulting with each other and making sure that we understand each other and that we gather advice from you so we can work together to make these things, programs better and better every year. Thank you very much.

MR. KASHEVAROFF: All right. We have some more questions around the table. Since this is a discussion, are there any comments from the people up here? Good.

MS. OTT: Hi, I'm Laura Ott. As Don and Charlie introduced, I am in the Secretary's Legislative Office so I'd like to address Valerie's concerns. We met in Alaska as well.

It's good to see you. For a lot of you who have worked on the Indian Healthcare Improvement Act for years, I've worked on it for a matter of months, and I think at the end of last year while it seemed like an ugly back and forth, we did make some good progress with Congress. Doctor Grim and Doctor Agwunobi were in a hearing with the Senate Indian Affairs Committee about

a month or so ago and addressed some of the still outstanding concerns in the Bills from last year. We received language from the House and we are currently reviewing that Bill. We hope to get new language from the Senate.

We understand the committees are working on it so we hope to get new language on the Indian Healthcare Improvement Act sometime in the near future, and are committed to working with you all to do a better process of getting comments to the committee and working through issues.

I think there were a lot of issues last year that we could have, had we sat down at a table kind of knocked out the little ones. Valerie, like you said, things that are not required by law, then fine, take them off the table, we don't have to deal with them in the Bill. So I'm really hoping for a better process this year and I think we've been committed to working through this Bill and I know that you all are as well.

I know it's a priority. And I did meet with the Health Boards a couple of months ago and heard from many members of the Health Boards and this is a big priority. So we're committed to working through this and improving the process.

MR. KASHEVAROFF: So do you have a time maybe tomorrow that we could all meet and talk about this?

MS. OTT: I'm happy to make myself available.

MR. KASHEVAROFF: Okay. NIHB 10 o'clock tomorrow.

MS. OTT: Fine.

DR. GRIM: Can I say one? I have a number of these issues that were directed at the Indian Health Service and I'm going to address all of them that were brought up, but I did want to talk about two of them in particular.

One of them is about college student treatment and we do have a policy on that. I can talk with you about that and get that out in writing somehow in response to that. It's not an ideal policy, it doesn't take care of 100% of their needs but we do have a policy internally to try to address that.

The other issue I wanted to talk about was VA and the Indian Health Service. We know there are a lot of veterans out there. Indians serve in greater numbers per capita than any other ethnic group. And for the last four years, actually for the last twenty-five years we've been partnering with the VA around an electronic health record.

But for the last four years we've had a memorandum of understanding between the VA and the Indian Health Service and we have I think done an unprecedented number of things in the various regions because of that. It was signed by the two Deputy Secretaries of our Departments, so it was signed at a very high level and then it was handed off to me and my counterpart at the VA Health System. And we have a lot of things going, region by region, and we're continuing to work on that. I want you to know it's been a high priority for the VA Division Directors which are like our Area Directors. They have had standards put into

their standards to interact with us more. We're holding our Area Directors accountable as well and we are looking more and more about sharing resources, if they have open space or can share doctors.

We're trying to make a more seamless transition between our system and theirs. They haven't to the point where if an Indian vet comes back and lives in the Indian community and never goes to the VA Center that the VA transfers money to us, we haven't reached that level of cooperation if you will between the two systems. But I wanted you to know that there is a huge amount going on. You can go to the Indian Health Services website.

There's a section that talks about a lot of the things that are going on and we'll continue to work hard on that issue.

MR. KASHEVAROFF: Thank you, Doctor Grim.

MR. TOMASKIN: Good afternoon, my name is Matthew Tomaskin and I'm a member of the Yakama Nation. I'm here as a legislator for the Yakama Nation and I wanted to make a clarification, Chairman Kashevaroff, that the people of the United States elected a President but it's not the guy that's sitting down the street, so I just wanted to make that clear. It was his brother and some people in the Supreme Court that put him in there.

But I know that he appointed some of you guys too. As a member of a Direct Service Tribe I wanted to make sure that, the gentleman here to my left took some of the wind out of my sails when he was making his comments with regard to the elevation of

the IHS Director to the Secretary level. I know that we support that as a Direct Service Tribes. But I know that there is also a Self- Governance Tribe that has a desk at HHS or IHS and what I'd really like to ask is that we also put a Direct Service Tribe desk within IHS or within Health and Human Services.

Because we have a different, we have different levels of funding. Just listening to the conversation today where tribes are asking, making the request, and I know that as a Direct Service Tribe, when COMPAC Tribes and Contract Tribes take their money, the funding that's sent there, that's sometimes used, in certain circumstances there's funding left there for the Direct Service Tribes. So I know that there is you're talking about grants and what have you that are out there. I made a request earlier with SAMHSA that grants are good for some people, but as a Direct Service Tribe if we have a need, we have a request, that funding should be allocated to those services that are needed for those tribes that are out there. There are only a few out there that are Direct Service Tribes and as you heard Carole Ann Heart announcing the Third Annual, Fourth Annual Direct Service Tribe Meeting that's going to be held in Denver and I guess as an informal invitation I would like each and every one of you to you're invited, including Secretary Leavitt to come to this meeting, sit down and listen to us, see what our concerns are.

And also this is a personal invitation, I know that you're

going to be in the state of Washington, come on out to Yakama. Come out and visit us. I know Doctor Grim's been there. Come on out and see Indian Country and see what it's like when we have these needs, we have these deficiencies. So I just wanted to make sure that you understood that there's a different layer, levels, different layers of funding that's out there for these tribes. And we accept the funding that's there for us even though, we heard some places, it's thirty-eight cents, some places it's forty-eight cents, some places it's sixty cents on a dollar.

That's shortchanged there. And as a Direct Service Tribe I'm not sure what our level of funding is. But it's very, it becomes more minimalized when we're talking about even tribes that are recognized. In the middle of a fiscal year if a tribe is recognized and they're put into the system, the funding that's there is garnered from those Direct Service Tribes, because like I said the funding is still there. We don't take our funding out, we don't assume that funding.

So they assume that funding from us too. So I just wanted to make sure that it's understood that there is the cookie cutter that fits within each tribe in the United States, 550 some odd tribes, we're all different, we're all unique. Even in the state of Washington, I know that some of you have heard some of the tribes have a good working relationship with the state of Washington but there are some of those tribes who don't have a

good working relationship with the state.

We stress at the Yakama Nation that we predate the state, we were here before even the United States. Our treaty was signed in 1855. The state of Washington wasn't recognized and organized until 1881 or 1889. So when we're talking about working with the states, you know, it's difficult for us as a treaty tribe and a Direct Service Tribe to basically put ourselves at that level in working with the state.

We're not a state, we're a government. We're on an equal basis with the federal government. So I just wanted to make that and stress that and reiterate the fact that there are different levels, different variations of tribes in the United States that you have to work with. Thank you.

MR. KASHEVAROFF: Thank you. We still have some time and these folks are still here. We want to discuss the findings from the Tribal Budget Consultations that we talked about a day and a half ago. We'll go for some more questions.

I think that actually that global warming guy was not even running in the last election so I'm sure that the current President is legit.

And if that global warming guy would have won, instead of it being eight degrees when I left Alaska it probably would have been twenty below. We need more global warming, it's really cold where I live. Yes ma'am.

MS. MITCHELL-ENOS: Yes, I just have very quickly some brief

comments. One is that along with everyone else I want to support increased funding for IHS. We know that they are severely underfunded and it impacts the healthcare in our Indian communities. And I also wanted to be in support of block grants coming down to the tribes.

And by the way, my name is Violet Mitchell-Enos. I work for the Salt River Pima-Maricopa Indian Community in Arizona. What we've seen, especially as it relates to mental health is that the state has this block grant, there's bids that are put out to have people provide the services. However, the current entity that provides mental health services doesn't really serve our population. And I don't know why that is. It's very hard to get services from them.

And as a matter of fact we've had a number of people who have to be in jails who have mental illness, because we cannot get them into the state hospital or another mental health agency. If we were able to contract directly for those services then we would get them the services that they need, rather to have people staying in jail because DOC doesn't, jails do not know how to take care of people who have severe mental illness. It's not the place for them to be. So in any way that your committee can help with that it would be great. I also want to say for my friend and possibly relative here, Ms. Sinyella from the Hualapai Tribe, this is a place that you should go to, the Hualapai Tribe as well as the Havasupai Tribe, and while you're

visiting them you can come and visit the Salt River Tribe as well. But in Arizona there are 21 tribal communities and it would be a good place for you to come and see how we live and how we get services or don't get services. So I want to invite you down too.

MR. KASHEVAROFF: Thank you. I think we have ended the open, or the Tribal Council Round Table and we're now into open tribal testimony and comments if you're keeping track. And I'm going to go over to this side here. Geoff.

MR. ROTH: Thank you and I want to thank the tribal leaders for letting me speak as well. I just wanted to get it on the record from Carole Ann's summary of the HRSA testimony this morning, some questions that I had asked and hope that we're able to get some responses on. Specifically HRSA was speaking about the Community Health Center Program and the 4.1 million patients that they're able to provide services to now with the increases in funding that they've received.

One of the questions that I asked was specifically about Indian utilization of those healthcare centers and looking to get some statistics on Indian utilization of programs that are not operated by either tribes or operated by Indian health, urban Indian health organizations.

And they did say that they would try and get us some of those statistics so we can look. We maintain that Indian people don't necessarily go to community health center programs unless

they're operated by Indian organizations or by tribes themselves. They will be more likely to be in an emergency room situation as well. And then we also wanted to get a more specific answer on whether HRSA or HHS maintains that the Community Health Center Programs have enough funding to absorb the 120,000 patients that would be out of services if the Urban Indian Health Line Item in the Indian Health Services budget was actually zeroed out.

And I hope that we will be able to get an answer on that as well. And then I also wanted to just bring to the attention that the National Tribal IHS Work Group which Don helps co-chair with Carole Ann, the co-chair, does include the Urban Indian Line Item in it as well as an increase in the '09 budget. And I'd ask that the group maintain that funding and make sure to move that funding up to the OMB and work to support it in the OMB negotiations and the pass back negotiations while holding harmless all other Indian programming that comes into HHS. Not just IHS but all other Indian programs in HHS.

It's imperative that we hold harmless all of their Indian programs. And then I would also like to invite anybody who'd like to come out to any of the urban programs across the country as well. I'd be more than happy to take you on a tour, show you around and show you what our urban communities are doing as well. Thank you.

MR. KASHEVAROFF: Thank you, Geoff. Yes sir?

MR. GAIASHKIBOS: Don, excuse me, I'd just like to just say for the Bemidji area, we support also the urban programs and I just wanted to go on the record to state that. Thank you.

MR. KASHEVAROFF: Thank you. We haven't heard any area not support the urban programs. Yes?

MR. ARMSTRONG: Yeah, good afternoon, my name's Richard Armstrong. I'm the Council Representative from the Colorado River Indian Tribes in Parker, Arizona. And just to kind of reiterate what that lady, the young lady from Port Gamble said, we'd also like to support the 4% increase in Head Start as well because that is very important to us as well because of the fact that, you know, our young need to brought up in ways that we have. So, and it's important that we maintain a continuity with our culture and religions as well.

The other thing is that we have, we have all the problems that everybody's brought up and it would be redundant to kind of beat a dead horse. So basically what I want to talk about is the fact that one of the things that we run into problems with, and this is something that's, that I know is very unique to Indian tribes in Arizona as a fact, regarding juvenile and juvenile detention, because we incur a higher rate of juvenile detention and the fact that in 2004 the BIA set a mandate closing all our juvenile facilities. And as a result all of our juveniles that we've had at the local level have been transported basically out of state, New Mexico and into Colorado, to Colorado.

We've had a lot of problems in regards to that because of the behavioral health issues and also for the regular medical issues when they go out, because they're leaving their service unit area. And when we're having problems, they go into Gallup, they go into -- and it provides a lot of problems.

Right now we're in negotiations with juvenile facilities so we can house prisoners in Indio, California but then again we don't have no service unit there so how is that going to affect the, our medical services to those kids that need them, let alone if we can provide behavioral health services to them? It's far reaching because our solution was, hey, let's just go ahead and build and the tribe said let's go ahead and build it and they passed a resolution to set aside $7 million to build a facility. But as we're going along and as we learn, we learn that, what do we want to do? Do we want to do a juvenile detention or do we want to do a rehab? What is the intent, what is our vision? Well our intent is to help our kids to grow up to be good citizens. Now, for that to happen we need to have some components, we need to have behavioral health medical services, we need education and we need all those components to be involved in that.

So that is where our dilemma is at. How do we incorporate all that to come in as partners to share in it? And one of the things that we're looking at and we were-- is regarding an MOA or MOU that was signed between the Bureau of Indian Affairs and

the Indian Health Service back in the 1990's by the time they were, the Indian Law Enforcement Reform Act went into effect, and that was regarding services that would be provided, the detention services for certain things for juveniles and for adults. So those are things that we're kind of bringing to the table for us as a tribe to kind of work forward. And for whatever reason we're getting some lack of cooperation if you will from our own local service unit there.

And I think it's important where, when the people, other people invite you out here that you should come out to the communities and see. In our area alone we've got the five or six Indian tribes along the Colorado River Tribes. You have the Hualapai, Havasupai, Fort Mojave, CRIT, Chemehuevi, you've got Quechan in Fort Yuma and the Cocopahs. Then you've got Fort Yuma Heath Center, I mean Service Unit, Parker Service Unit and the HUalapai Service Unit and recently the Fort Mojave Clinic that just was rebuilt about two years ago. So, that'll give you a good idea of what's going on and what's happening and see how that thing is really, really impacting our services there.

And it's something that I think you need to be aware of and you need to come out and see it because you can't see it from here, you can't see it from here, you can't. You can't really. You can come here and say, oh I sympathize with you guys, oh, that's a sad story.

But you can go home tonight and tomorrow it wouldn't matter

anymore, even less because it's not impacting you. So I think it's important that you guys come out and you look and see and feel what is going on out there. Thank you.

MR. KASHEVAROFF: Thank you. Yes Linda?

MS. HOLT: Yeah, I'd like to just ask the tribal leaders' indulgence because I have a question that regards the IHS budget and I'd like my policy analyst from the Northwest Portland Indian Area Health Board, Jim Roberts, to ask the question with your permission.

MR. KASHEVAROFF: Jim?

MR. ROBERTS: Thank you, Don. Actually you're my twin, look at that. That's a scary thought. Anyway, yeah, Doctor Grim, I wanted to ask a question about the, kind of the budget process in terms of what's going on with the '07 budget. And I understand from your report yesterday that it's still, it's a very fluid process still and we've got a spending plan that was submitted to the Appropriations Committee based on Joint Budget Resolution and there's the Iraq Supplemental that will probably change the mix of how the money is going to be spread across.

But as we understand, and it's important because I know we're here to talk about '09 but it's important because the budgets that we develop now become the base budgets in which we develop future years' budgets and apply the increases to those final line items.

But the CHS Program is very important to us in the

northwest as well as it is in other CHS dependent areas, and it's my understanding in reading the budget resolution that the costs or the increases that have been provided will be applied based on pay act percentages, and not necessarily inflation. And if we look at an application of that process to the CHS line item there isn't much money that's applied to pay act increases for CHS. There is money there for inflation.

So I'm wondering, what was the process that you all used internally? And are there any surprises for us in terms of what the final '07 budget's going to be with respect to an increase on the CHS line item?

DR. GRIM: If anyone up here at the front wants to help me, they're welcome to do that. Right now on the contract health services there is some Senate language that has been introduced but we don't know if it is going to be passed. It elevates the threshold that we're allowed to spend in CHS. Right now the interpretation is that in the Statute, not in Committee language, but in the Statute there is a dollar figure set on CHS. And if that dollar figure is not elevated, and just as they did not elevate the dollar figure in contract support costs, then the House I believe will introduce some language about that and I believe the Senate is doing the same thing. And I have one of my budget experts back there in the back that can correct me, stand up and correct me if I'm wrong, but right now we're, unless those things pass we will be moving forward with probably

zero dollars in the contract health services line item, because Congress failed to make any adjustments to things that were looked as caps of spending.

So we don't yet know. We're hopeful Congress, you know, when they said we're going to try to hurry and pass these things through, they just said, here's a hundred and twenty-five, or a hundred and twenty-five plus nine on services and here's, you know, what, the same recurring base on facilities. Now, come back and tell us how you're going to spend it. They didn't adjust things in the Statute that impact how we can spend our money. So that's where we're at right now on that.

MR. ROBERTS: What about, now, I've been asking from the IHS Budget Office, and I understand they're bound by their internal deliberative process in terms of releasing documents until they've been approved, reviewed and approved by the Department. But to what extent have increases been applied to other items, like say the Indian Healthcare Improvement Fund and those types of set aside items within the budget structure of IHS?

DR. GRIM: We've tried to stick very close to what we've heard from you all in tribal consultation and what we submitted as the President's Budget in '08. And so we followed that very, very closely. Pay act, inflation, population growth, we had to make some decisions on facilities that were still going back and forth because there was no guidance on that.

Those decisions are not final yet. So I think you'll see

something very similar to what you saw come out in the President's Budget with the exception of certain things if Congress doesn't make some adjustments. They are trying to make those adjustments now. They've realized that in certain budgets across the government, that just saying here is a pot of money, tell us what you're going to do with it and then not adjusting things in law that they've had in law year after year that they move, had some potential negative impacts on how we spend that money.

So, and it's us - both Congresses will then have to agree and the President will have to sign off and there is debate about not our budget issues in there, but other parts of those Bills that might cause them to bypass to want to veto, some of the bills that are out there right now.

MR. ROBERTS: You know, and I think what I'm hearing from you is that because of the Congressional language and the way the resolution stuff came to finalization, that your hands are tied. It's not good news for areas like Limogee, Portland, California, USET, that are CHS dependent areas. To what extent has discussion with the Department happened that would hopefully rectify this issue in subsequent budget submissions if this ends up being the final budget?

DR. GRIM: Well, I mean the Department has gone to bat for us and I'll let others speak, that have gone to bat big time for us to try to allow us to put funding in those. And Congress is

trying to fix it as I said too.

We went forward with the concept when we presented the '08 budget, that there was going to be a certain increase in the '07 and '08, and if there was no '07 increase, we asked for a full amount in '08. I can't speak to what will happen in the Secretary's Budget Council, but a lot of them here heard you talk about CHS. I mean this was a very important group that you had before you today.

It's the group I testified before with our first budget presentation and I have to believe last year, you know, I don't think I'm breaking deliberative process of privilege, you know, they had great concerns about CHS too.

So I think if things are not rectified congressionally this year, I think we will try to address that. But the '08 budget has gone forward and so if it's not addressed in '09, we will have to work with the Congress on that, because I think the Congress will say, well, the Administration asked for this in '07 and this in '08 and we gave you pretty close to what we said we were going to give you in '07. So I don't know if the Congress would then turn around and give us the full amount of CHS in that line. But I would hope that they would because I think they're trying to correct it right now. So I'd have to believe that it would be rectified. Tom, would you like to add anything to that? \

MR. RILEY: Yeah, just that we are working through this

thing. Clearly this was an unintended consequence of how the '07 full year Bill was drafted, or not drafted, it just was referenced, the '06 Bill with some modifications. So, I mean we've looked at it in the Department and we continue to look at it and see what our options are. And one of them has been to communicate with the Hill and they're aware of it and they, you know, I think they've said that they would like to address it in the supplemental, but as Doctor Grim was saying that's, completion of the supplemental is a long way off and not certain.

So I think we will continue to talk about '08 if this is a technical issue that continues to be an issue for going forward in '08. And, you know, the Hill is now aware of it.

MR. ROBERTS: I guess I did look at the budget resolution, the supplementals a little while ago and I see that the language is there and I think we will probably have a supplemental and the language is included. And usually what's going to be the issue of debate is, how much is the supplemental going to be? I think the language, if we end up going to completion on the supplemental the language will stay intact. So that does provide us some level of comfort but absent this being, going to fruition I guess the supplemental completing, we do have a commitment from the Department that perhaps next year we might be coming back again for an increase for the CHS budget line item to the tune of 12% to 15%, which might seem unreasonable at

the time. But it wouldn't be unreasonable given the technical issue that's happened now.

So, do we have a commitment from the Department that we would restore the CHS funding to the level that it would've ended up being funded at had we had a regular budget process cycle?

MR. RILEY: Okay, I can't make that commitment now. I will commit to you that we are now aware of this issue and we'll look at it.

MR. ROBERTS: Thank you.

DR. GRIM: And I, the bigger question to me is that the Joint Resolution has passed, we have money, we have submitted and are starting to submit operating plans.

The House and the Senate both are saying they want to make some corrections to things that they overlooked in the first go round. But if we have a budget passed how long do we wait for supplemental Bills to be passed? I mean, if I've already turned in a budget that looks like this I'm willing to take money from other places to put it in CHS. I'm willing to take money from other places to put it in contract support costs.

But do I wait three more months to do that? If the supplemental takes that long to get passed when do I move forward with a budget to distribute it? When do you start? When OMB finally gives me an appropriation of some sort? Tt makes it

very hard at that point then to go back and make corrections. Especially if we give out certain monies in contracts, compacts and things like that. So that is a whole sort of implementation thing we're wrestling with too. You know, when do you say, okay, we have a plan and we're moving forward even though there are potential Bills out there that may correct certain things?

MR. ROBERTS: Yeah, and that's a very good point, Doctor Grim this is certainly an anomaly in terms of how the budget process has gone for us from years past. We have the Budget Formulation Work Group and the Budget Formulation Team that works with IHS leadership to formulate future years' budgets, but perhaps you can re-engage the Budget Formulation Work Team to come back and provide you recommendations on guidance if this indeed becomes a challenge and hopefully does get fixed by Congress.

MR. KASHEVAROFF: Okay, thanks. We have a few more minutes left if we have anymore oh, Andy, you had your hand up, sorry.

MR. JOSEPH: Andy Joseph from the Colville Tribe. On Wednesday I gave a testimony on the National Indian Childcare and I asked that this was prepared for me by the National Childcare Association, and yesterday I asked that an overall increase in funding for childcare development block grant, an increase of $720 million of funding for 2008. This would help provide healthcare, childcare for at least 250,000 children. So I imagine that that would be pretty close to 100,000 parents

would be able to go to school or be employed in some place and those children would get the adequate healthcare or training and learn, learn how to prepare themselves for Head Start and also have that cultural training that could be coming from there also.

I just want to let you know I'm going to leave the copy that I read for the record and a lot of our tribes are moving into economic areas where we're going into a lot of new type businesses and our people are moving up to start employment.

And that's part of the healing that would prevent a lot of the problems that we're having today. So it's a real important part. And I know Carole Ann didn't mention this so I just wanted to remind you folks. Thank you.

MR. KASHEVAROFF: Thank you. Jenn?

MS. ALLISON-RAY: Thank you. I think a lot of things have already been shared already and I just wanted to say that as tribes, I hope I can speak for them, that we're pretty tired of being an afterthought. And it seems every single issue that we deal with, and it costs us a lot of money, money that we can't really afford to be wasting, but I just am so honored to sit among all these tribal leaders and tribal representatives from the boards and committees, that I feel like I hope that their pleas and their concerns for their tribal members have been heard.

I don't really know when you get to vote, to how you're

going to covey our message to them or I'm not sure what the process is, but I know when I sit before standing committees in my community, certain things get addressed and they say, yes, yes, yes and then when it gets to the final stage, all of a sudden, where's that positiveness that we wanted to see in certain issues? And this I hope does not go by the wayside, because we have traveled far and we've spent a lot of money. We come to Washington, D.C. on all issues from healthcare to education to even Homeland Security.

And Homeland Security is another issue when we talk about methamphetamine. We have to go the state to get that funding and hold our hands out and hopefully we get a little bit of that. So that's just another issue. But I just think all the tribal representatives here think you really did convey to this group so well what I think any other tribe that's missing at this table would have said also. So thank you.

MR. KASHEVAROFF: Thank you, and that's a good lead in to the wrap up. Tom, I did want to, I forgot to tell you, Charlie, when he left told me to tell you that it's okay for you to commit to the full funding of IHS, so that's okay to say that.

MR. MOORE: Doctor Grim said, I could see it in his face.

MR. KASHEVAROFF: You remember, right, yeah, he said it to me too so it's okay. Well we want to, from the tribal side we want to thank the feds here for taking the time and I know a lot of folks have come and gone but it's always good that we can sit

here and listen to all the concerns that Indians have.

We have 560-some tribes in the country and we have a lot of concerns. Not every tribe is the same, there's a lot of differences. And that comes in these meetings which is good. We can see that there's a lot of differences and you have a lot of invites too.

Not only to the folks at the table but the people who have left. And hopefully when you all go back to scheduling your calendars you start thinking about coming out to Indian Country a little bit more.

You know, we hit on some of the big issues, we hit on the IHS budget where most of us get our healthcare from. We need almost an $800 million figure just to keep up with last year and make a little bit of an advancement. We've been losing ground for 27 years, we need to stop the boat from sinking.

And we heard from, on the CMS side, the Medicare like rates, Congress told us a year ago or two years ago they had to be out, and they're still not out. I know there's this tension between the Executive Branch and the Legislative Branch and the Judicial Branch and who gets to tell who what. But we're hoping that things that save the government money can be happening real quick because they're forever to get done. We heard from a lot of the different agencies, whether it be ACF or SAMHSA or HRSA or any of the other ones, that money going to states as block grants isn't good for Indians, it doesn't help us out.

It helps us a little but it's a lot of headaches, a lot of red tape and a lot of begging at state people's feet. And the states do not recognize tribes. They don't have any treaties with tribes, they don't have any promises made to tribes. The promises all reside and the treaties all reside here in D.C.

And so we need to have a better understanding on how to make sure that the money goes to the tribes and maybe not even go to the states. But the set asides, we need carve outs, we need those type of things for the tribes. And we talked about some crosscutting issues, things like suicide and meth abuse, things such as that that are very hard for us to handle. And we really look, we come up with ideas, we're ready to go out and implement them and we look to Washington, D.C., we look to HHS to tell us what your ideas are. Tell us how we should be doing it and help us get the job done.

For my tribe, you know, if every person in my tribe was made healthy I wouldn't care if it was me doing it or HHS doing it. Whoever did it, I'd be happy. It's not a deal that I, you know, I want it done for my sake, I want it done for our people's sake. They're the ones that need it, they're the ones that are sick, that we can't take care of them, they're dying and we can't take care of them. Somebody has to do something.

We do what we can with what resources we can. We know HHS doesn't have that many resources either. It does what it can with its resources. It's more of a prioritization. How do we get

Indians to be prioritized first? The First Nations, how do we get to be taken care of first before the huge list of every other's need in this country, which is gigantic and trillions of dollars in this budget, but how do you get the Indians to be first? We don't really get to talk to too many other folks. We've talked to some folks at DOI a bit, you know, education a bit and law enforcement, DOJ a bit, but HHS has been the, I guess our best friend.

You guys sitting up here consult with us, talk with us more than anybody else. And so from my understanding and what I do in my life is when I really need something I ask my friend to do it before I ask my enemy to do it. And you guys are our friend amongst the government and we ask that you guys stand up for us and help us to heal our people.

Like I said, it doesn't matter if I'm doing it or you're doing it, somebody has to heal them. And hopefully you guys will sit down with us more often and think of some solutions because we're ready to work. We heard Don talk about the heavy lifting, we're ready to do it. The tribal leaders around this room were elected to do that job and our folks back home, our voters are expecting to get it done. And when we can't get it done you get new faces at the table.

And so we're hoping that you guys will stand behind the folks here that have been elected. Just as I know you guys are all in the political process too, you're here because of

elections. And we can all get something done. There's only one other issue, I guess I said yesterday, President Bush has two budgets but I guess he only has one budget left to do he'll put out his budget next February and then I guess the next President gets the next one.

So in the last budget it would be great if we saw a substantial increase for Indians. Now the previous President, President Clinton, we never had much of an increase either believe it or not. He, for, even though he was on the other, other color of the states he didn't give us much either. But in his last year though he gave us a good bump and we all remember him as, as really nice to us.

So if President Bush gives us a really good bump we'll remember him as a great President, that's what we need. And it's funny but that's how it works, it's the last thing you do. What have you done for me lately? What's the President's last budget? And that's what we get to remember him by. So, full funding for IHS, change the way grants are given to tribes, make them easily accessible, help out the hurting folks, figure out how we can reduce the alcoholism, reduce suicides, reduce cancer, reduce diabetes in Indian County. That's what we want from you, that's what we expect from you as our elected officials.

So thank you. Jack? And Jack happens to have the same last name as I do, he's Jack K., I'm Don K., so we do good.

MR. KALAVRITINOS: Thank you, thank you, Don. And I mean we

do consider ourselves friends and the fact that you've actually invited some of us to your home, and as I've said to people I've never seen a view from anyone's home like yours, ever, in any state, it's incredible. And know that when you're not around we're talking about your medical center and how it's a model. I was speaking to someone recently about that and how you were explaining how culturally sensitive the architecture was in the interior design.

I mentioned this to someone that I turned to you and said, every hospital ought to be designed that way. I mean this is a model for all so when I said that to Don then he showed me all the awards that they have won since they are a model. But I just wanted to say a few words here to try some humor since you're a very humorous guy. On behalf of my fellow appointees, I just wanted to thank you. We are very proud of our service for the President and you're right, this is his last budget so I mean this really is a significant consultation.

And I hope you do remember this Administration which only has 662 days left, for all that we've attempted to do, whether it's the appointees that serve short term or whether it's the great career folks that work here within the Public Health Service or the rest of the HHS career folks that are going to be here longer than we will.

But I want to thank you all for being here, for traveling the great distances that you have and the commitment, whether

it's here or whether it's at the various regional consultations that we do around the country. You have certainly, and everyone recognizes it but every now and then I would hear a voice saying, I'm not sure it's really getting through. Really recognize that you sensitize us and that helps us sensitize those who physically weren't in the room today.

And it's, whether it's our HHS colleagues, whether it's people at other agencies, whether it's our own families that we talk to when we go home. I feel like this partnership that has now existed for several years has led to some great things. And I was talking to Stacey Ecoffey and she pointed out the new tribal consultation policy, the three agencies who have implemented their agency specific tribal consultation policies as well as these important advisory councils that several of you who are here serve on. And that's when you can get into the weeds and really make some key, some key differences.

Like Don was saying and I was so happy to hear Don mention this about HHS because we don't often sing our praises maybe enough, but we really are the only department in the federal government that does this department wide. There are fine agencies and we have friends at those who do it in bureau specific places but we really are the only department in the federal government that does this, cutting across every single operating division in this, the department that has the largest budget, you know, in the federal government although as has been

mentioned much of it in nondiscretionary. But it's a big deal and this is the fifth year of, I guess the sixth year of this, the fifth year of doing these regional consultations. And I mentioned the 662 days and you mentioned that it was roughly about a year and a half, but I mention, I mention the days because that's something that Rich McKeown, who was here earlier highlights to us every single day in our staff meeting, how many days we have left.

And it's his commitment as the Secretary's commitment that we, that we sprint towards the goal line and try to accomplish as much as possible in these issues and the health disparities and the priorities that affect all Americans, whether it's health IT that we were talking earlier, all the great work that IHS does in terms of health IT. I've been in some meetings where, I mean this is a, this is one of the top priorities here in the building, is better health IT for all Americans so that we can help to manage our own medical records ourselves. And I was in one meeting and looked towards IHS as really an example of what a department is doing that so many other pockets in society is not doing right now. So what Doctor Grim here was talking about, his partnership with the VA, since the VA is one of the other places that really is doing fine things. It really is a good example of how, even the items that we haven't talked about today necessarily, have crosscutting advantages that possibly the next time we do this we go ahead and put something

like health IT on the agenda because of the way that so many resources right now in this department and the Secretary's time being devoted to that, and some incredible opportunities in the next couple of years.

And so I wanted to highlight that. I also wanted to highlight that over at the White House we've talked a lot about, a lot about OMB and we are working with them on a site visit. And Charlie Johnson and I were briefly talking about how we might want to talk to them about maybe a smallish meeting where we can have a couple of representatives. And they would have to agree to it but I think we'd be willing to at least talk to them about putting together a small staff level meeting.

But the other folks over there at Intergovernmental Affairs which is their version of what my office does, is really sensitized to bringing together all of the federal departments. And like I mentioned at another session, they really are interested in using this as a model for other agencies. They're also putting together something which I know is necessary because I didn't get it, which is an Indian Country 101 for incoming government employees. And so there are a couple, there are a couple of people I know, Kim Romine in our office and Stacey and Laura here are going to help to influence how this program is going to, is going to look.

And basically it's an attempt to try to get incoming federal employees to be extra sensitive to some of the issues

here and help to educate them since none of us get lots of education. When you come onboard you just sort of get thrown into your job. So that's something that we haven't had a chance to talk about and I wanted to highlight. I wanted to also highlight again, and I mentioned this in the preparedness session, that our Regional Directors are your friends. And we have in the back, a one pager with all ten of our Secretary's representatives in your region.

So use them, talk to us. A great example of where they can be used is where let's just say the relationship with a state is less than what it is in other places, and we've heard about how great it is in certain places like Wisconsin, and maybe in other places you all get three days notice before decisions get made, please let us know. And especially if there are Regional Directors. And if they can pick up the phone and they can be helpful with that very delicate but important relationship that you have with the state, then that's, then I feel like we're helping out in an important way. It may not be a budgetary way that achieves some of the goals that you were highlighting, but there are things we can do in the realm of what we can do, versus areas where let's just say that in any given time period we are less able to achieve certain goals. So I wanted to highlight the Regional Directors.

And on the Medicaid like rates I just want to mention again, and I mentioned this to Valerie, that it has been too

long and these processes, and as I was reminded by our Executive Secretariat, this is not an excuse but it is not the only important reg that has moved too slowly. But I will recognize, we will recognize that this has moved slowly. But really senior people here at the table recognize that this has to go out the door very quickly. And if we're talking about this again in six months there's a big problem. So I'd like to say without being able to give you a date, it is on a fast track right now. And I can also understand why you might be skeptical but it is. So lastly I just wanted to mention that I am very happy that we had such a great showing of our side because you all have traveled great distances.

You've spent money to be here and we have probably had more senior level folks from the Chief of Staff and several Assistant Secretaries and several Principal Deputies, these are the people you want. On top of that you had the absolute top senior career folks in these breakout sessions that are the people that needed to hear what it is you were saying. And having popped in and out of several of those, it was good to see the kind of detailed discussions. And those crosscutting sessions were suggestions made by you on conference calls on how we could make last year's session better. It's something that Assistant Secretary Johnson also felt like we had to do, fewer of the big command performances and more of these breakout sessions.

So hopefully, and we'll be reading your evaluations, and I know that this is an imperfect process and there are probably some more changes we can make, but hopefully we've made a difference from last year. So anyway, thank you all very much and we'll look forward to seeing you again.

MR. KASHEVAROFF: Okay, thank you, Jack. And thank you for you and your staff for setting this up. I know Stacey, it was a lot of work, a lot of calls in trying to get organized with a lot of tribal leaders on the phone. We all appreciate that a lot. I've asked Chairwoman Holt to provide us a closing.

MS. HOLT: I would just like to make one comment before I go into that And Jack, I would just like to be sure that when set up that meeting with OMB and few folks that you be sure and include the National Indian Health Board as the national health organization for our tribes and that they be included in that conversation. Thank you. Grandfather, we'd like to ask your blessings and thank you for the last two days that we have spent together here.

And just take to heart all of the thoughts and prayers that go out to all of our brothers and sisters in Indian Country for the losses that they have suffered, and for the pain that they endure.

We just ask that you open the hearts and the ears of the federal representatives that have been with us for these two days, and that you just pour into them the pain and suffering

that our people go through every day just to live. And that you look to rectify this problem and give everyone the help that we need. We ask for your blessing on the elders that are at home.

Keep them safe, Lord. Be with each and everyone that's here, be with their families. We've been separated from our families, some of us for quite a few weeks now and we just ask that you keep them safe also for us and look over them.

Be with our youth, they are our future. Put them on the path that they need to be on and help us to guide them to become the future leaders they need to be. And bless the tribal leaders that have traveled far and been away from their families for some time.

They're special warriors, Lord, and we just need you to look after them and keep them strong and keep the battle going.

I'd ask for traveling blessings for each and every one of them as they travel home back to their reservations and their families. And also on the federal representatives that have been with us for the last couple of days.

Keep them safe also and keep them on the path to providing the help that our tribal members need to have. And be with their families also because I know a great deal of them travel extensively and have to be away from their families.

Keep their families safe also, Lord. And we ask this today in Jesus' name. Amen.

(WHEREUPON, the conference was concluded at 5:03 p.m.)